07/26/2011 16:09

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines UnitedHealth Group Incorporated PAC (United for Health) 9900 Bren Road East ADDRESS (number and street) Check if different than previously Minnetonka MN 55343 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00274431 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Susan Sherwood Type or Print Name of Treasurer Electronically Filed by Susan Sherwood 07 26 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name
UnitedHealth Group Incorporated PAC (United for Health)

D D [®]D 0 1 0 1 2011 0.6 3 0 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 80071.92 January 1 (b) Cash on Hand at 80071.92 Begining of Reporting Period 245464.84 245464.84 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 325536.76 325536.76 6(a) and 6(c) for Column B) 200400.00 200400.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 125136.76 125136.76 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

0.00

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

the committee (Itemize all on

Schedule C and/or Schedule D)

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

м м 0 1 0 1 м°м 06 3 0 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 202009.65 202009.65 (i) Itemized (use Schedule A) 32881.66 32881.66 (ii) Unitemized (iii) TOTAL (add 234891.31 234891.31 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 234891.31 234891.31 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 10573.53 10573.53 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 245464.84 245464.84 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 245464.84 245464.84 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	or dispursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
perating Expenditures:	Total Tills Feriod	Calendar Tear-to-Date
		0.00
	0.00	0.00
()		
(ii) Non-Federal Share	0.00	0.00
o) Other Federal Operating	0.00	0.00
•	0.00	0.00
	0.00	0.00
	0.00	0.00
•	0.00	0.00
contributions to	0.00	0.00
	176500.00	176500.00
	170000.00	17000.00
•	0.00	0.00
coordinated Expenditures Made by Party		
committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
,		
oan Repayments Made	0.00	0.00
	0.00	0.00
Than Political Committees	5000.00	5000.00
N. Bellife et Beste Conseille	0.00	0.00
·	0.00	0.00
,	0.00	0.00
,		
,	5000.00	5000.00
(add Ellico 20(a), (b), alla (b))		
other Disbursements	18900.00	18900.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	200400.00	200400.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	200400.00	200400.00
,		
	Perating Expenditures: a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	II. DISBURSEMENTS COLUMN A Total This Period

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	234891.31	234891.31
34.	Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	229891.31	229891.31
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X
A	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
Z	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporated PAC	C (United for	Health)	
	Full Name (Last, First, Middle Initial) Judah C. Sommer			Date of Receipt
	Mailing Address 701 Pennsylvania Ave Suite 530/650	NW		03 04 2011
	City	State	Zip Code	Transaction ID: 33029906
	Washington	DC	20004-2606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Public At		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	Contribution from Individual
- 3.	Full Name (Last, First, Middle Initial) NANCY M ELLISON			Date of Receipt
	Mailing Address PO BOX 82872			03 / 25 / 2011
	City	State	Zip Code	Transaction ID: 33119035
	KENMORE	WA	98028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Govt Rel		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	Contribution from Individual
. –	Full Name (Last, First, Middle Initial) Stephen J. Hemsley			Date of Receipt
	Mailing Address 622 Ferndale Road W	est		0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33419172
	Wayzata	MN	55391-9628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Presiden	n t and Chief Operating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	
	SUBTOTAL of Receipts This Page (optional)		>	10350.00
	TOTAL This Period (last page this line number	only)	>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Α ο	ny information copied from such Reports and r	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) ANTHONY J KAZLAUSKAS			Date of Receipt
	Mailing Address 11 CARNIVAL TERRA	ACE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WEST WARWICK	State RI	Zip Code 02893	Transaction ID: PR1159794626263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		260.00
	Name of Employer United HealthCare Services Inc	Occupation Sr Medic	on cal Director	
	Receipt For: Primary General	- '	e Year-to-Date ▼	D/D Doduction (\$00.00 Di
	Other (specify) ▼	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) CARLA M MUGGIO	1		Date of Receipt
	Mailing Address 3533 FAIR OAKS LAI	NE		06 30 2011
	City LONGBOAT KEY	State FL	Zip Code 34228	Transaction ID: PR1159798226263
	FEC ID number of contributing federal political committee.	C	04220	Amount of Each Receipt this Period 249.99
	Name of Employer United HealthCare Services Inc	Occupation Network	on Contract Director	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	249.99	P/R Deduction (\$19.23 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) KEITH W NOBLITT			Date of Receipt
	Mailing Address 122 SOUTH OAK PO	INTE DR		0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: PR1159805526263
	SENECA SENECA	SC	29672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer United HealthCare Services Inc	, '	Natl Accts Indiv Contr	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	_	769.99

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(crieck drilly drie)
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any he name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Page 1	AC (United for Health)	
Full Name (Last, First, Middle Initial) JAMES S WATSON III		Date of Receipt
Mailing Address 6520 SHENANDOAI	l DR	0 6 3 0 / Y Y Y Y Y
City LINCOLN	State Zip Code NE 68510	Transaction ID: PR1159806026263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer United HealthCare Services Inc	Occupation Associate General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) WILLIAM P WHITELY		Date of Receipt
Mailing Address 2657 WOODBRIDG	E RD	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: PR1159812626263
WAYZATA FEC ID number of contributing federal political committee.	MN 55391	Amount of Each Receipt this Period 2499.90
Name of Employer United HealthCare Services Inc	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name (Last, First, Middle Initial) WAYNE F COOK		Date of Receipt
Mailing Address 1200 PEBBLE HILL	ROAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DOYLESTOWN	State Zip Code PA 18901	Transaction ID: PR1159812826263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 16901	780.00
Name of Employer United HealthCare Services Inc	Occupation VP Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$60.00 Bi-Weekly)
SUPTOTAL of Possints This Page (entional)		3604.90

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
	Full Name (Last, First, Middle Initial) DAVID S WICHMANN			Date of Receipt
	Mailing Address 7000 ANTRIM ROAD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EDINA	State MN	Zip Code 55439	Transaction ID: PR1159814726263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2499.90
	Name of Employer United HealthCare Services Inc	Occupation EVP & P	n res UHG Operations	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) PATRICK J ERLANDSON			Date of Receipt
	Mailing Address 2407 LAKE PLACE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1159815926263
	MINNEAPOLIS FEC ID number of contributing federal political committee.	C	55405	Amount of Each Receipt this Period 2499.90
	Name of Employer United HealthCare Services Inc	Occupatio SVP Bus	n siness Operations	_
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) PATRICIA R SAURO			Date of Receipt
	Mailing Address 8943 HIDDEN MEADO	OW R		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1159816426263
	WOODBURY FEC ID number of contributing federal political committee.	C	55125	Amount of Each Receipt this Period 780.00
	Name of Employer United HealthCare Services Inc	Occupation Business	n S Segment CAO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 780.00	P/R Deduction (\$60.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)			5779.80

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 103 (check only one) X
4	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	UnitedHealth Group Incorporated PAC	C (United for	Health)	
-	Full Name (Last, First, Middle Initial) WILLIAM A MUNSELL			Date of Receipt
	Mailing Address 2119 WINDSONG CIF	RCLE		06 30 2011
	City WAYZATA	State MN	Zip Code 55391	Transaction ID: PR1159816626263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1300.00
	Name of Employer United HealthCare Services Inc	Occupatio EVP Uni	n tedHealth Group	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JOHN S PENSHORN			Date of Receipt
	Mailing Address 120 BLACK OAKS LA	NE		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1159816926263
	WAYZATA FEC ID number of contributing	MN	55391	Amount of Each Receipt this Period 2499.90
	federal political committee.	C		2433.90
	Name of Employer United HealthCare Services Inc	Occupatio SVP Uni	ⁿ tedHealth Group	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) PAUL D KALLMEYER			Date of Receipt
	Mailing Address 468 HERALD DR			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: PR1159817426263
	AMBLER FEC ID number of contributing federal political committee.	PA C	19002	Amount of Each Receipt this Period 650.00
	Name of Employer United HealthCare Services	Occupatio	n General Counsel (Mgr)	
	Receipt For: Primary General Other (specify)	+ +	e Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			4449.90

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and for commercial purposes, other than using th	Statements magne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) TIMOTHY F RYAN			Date of Receipt
	Mailing Address 4913 BRUCE AVE			06 / 30 / Y Y Y Y Y
	City EDINA	State MN	Zip Code 55424	Transaction ID: PR1159817926263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		247.00
	Name of Employer United HealthCare Services Inc	Occupatio Business	n s Segment Gen Counsel	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) THOMAS J QUIRK	0 0	0 0 0 0 0 0 0 0	Date of Receipt
	Mailing Address 4307 BEECHWOOD	LANE		06 30 2011
	City	State	Zip Code	Transaction ID: PR1159819126263
	DALLAS FEC ID number of contributing federal political committee.	C	75220	Amount of Each Receipt this Period 1050.00
	Name of Employer United HealthCare Services Inc	Occupatio Health P		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1050.00	P/R Deduction (\$50.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) REED V TUCKSON, M.D.			Date of Receipt
	Mailing Address 3501 ZENITH AVE So	OUTH		0 6 3 0 2 0 1 1
	City	State MN	Zip Code	Transaction ID: PR1159819826263
	MINNEAPOLIS FEC ID number of contributing federal political committee.	C	55416	Amount of Each Receipt this Period 1499.94
	Name of Employer United HealthCare Services Inc	Occupatio EVP Cor	n nsumr Health & Med Care	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		2796.94

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 103 (check only one) X
A or	ny information copied from such Reports and St for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	(United for	Health)	
	Full Name (Last, First, Middle Initial) WILLIAM C TRACY			Date of Receipt
	Mailing Address 13016 CANTERBURY			06 30 2011
	City LEAWOOD	State KS	Zip Code 66209	Transaction ID: PR1159821526263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00209	750.10
	Name of Employer United HealthCare Services Inc	Occupatio Health P		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.10	P/R Deduction (\$57.70 Bi- Weekly)
. —	Full Name (Last, First, Middle Initial) CAROL M SCHNEEWEIS			Date of Receipt
	Mailing Address 16907 49TH PLACE N			06 30 2011
	City	State	Zip Code	Transaction ID: PR1159823526263
	PLYMOUTH	MN	55446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		325.00
	Name of Employer United HealthCare Services Inc	Occupatio Dir Produ	uct	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) RICHARD J MIGLIORI			Date of Receipt
	Mailing Address PO BOX 72			0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: PR1159827426263
	WAYZATA	MN	55391	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		999.96
	Name of Employer United HealthCare Services Inc		Initiatives & Clin Aff	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	P/R Deduction (\$100.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			2075.06

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 103 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
۷.	Full Name (Last, First, Middle Initial) JEANNINE M RIVET			Date of Receipt
	Mailing Address 4305 TRILLIUM WAY			06 30 7 2011
	City MINNETRISTA	State MN	Zip Code	Transaction ID: PR1159830026263
	FEC ID number of contributing federal political committee.	C	55364	Amount of Each Receipt this Period 2499.90
	Name of Employer United HealthCare Services Inc	Occupation EVP Unit	n redHealth Group	
	Receipt For: Primary General Other (specify) ▼	, '	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) JACK E SHUFF			Date of Receipt
	Mailing Address 923 CONSTANCE ST APT #112	REET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1159830526263
	NEW ORLEANS FEC ID number of contributing federal political committee.	C	70130	Amount of Each Receipt this Period 269.76
	Name of Employer United HealthCare Services Inc	Occupation SB RVP	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.76	P/R Deduction (\$39.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) JILL WINTERS			Date of Receipt
	Mailing Address 16 SPOEDE LN			06 30 7 2011
	City SAINT LOUIS	State MO	Zip Code 63141	Transaction ID: PR1159840426263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		702.00
	Name of Employer United HealthCare Services Inc	, '	ral Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 702.00	P/R Deduction (\$54.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			3471.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 103 (check only one) X 11a
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG	C (United for	Health)	
	Full Name (Last, First, Middle Initial) Mr. ANTHONY WELTERS			Date of Receipt
	Mailing Address 919 SAIGON ROAD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City MCLEAN	State VA	Zip Code 22102	Transaction ID: PR1332013226263
	FEC ID number of contributing federal political committee.	C	22102	Amount of Each Receipt this Period 2499.90
	Name of Employer United HealthCare Services Inc	Occupatio EVP Uni	n tedHealth Group	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
	Full Name (Last, First, Middle Initial) MICHAEL J BRESOLIN			Date of Receipt
	Mailing Address 121 W VIEW STREE	Т		06 30 2011
	City	State	Zip Code	Transaction ID: PR1551005726263
	LOMBARD	IL	60148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer United HealthCare Services Inc	Occupatio Dir Care	n Advocacy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) TIMOTHY J HEADY			Date of Receipt
	Mailing Address 19019 VOGEL FARM	TRAIL		06 30 2011
	City	State	Zip Code	Transaction ID: PR1551122526263
	EDEN PRAIRIE FEC ID number of contributing federal political committee.	C	55347	Amount of Each Receipt this Period 975.00
	Name of Employer United HealthCare Services Inc	Occupatio SVP Pha	n armacy Benefit Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 975.00	P/R Deduction (\$75.00 Bi- Weekly)
9	UBTOTAL of Receipts This Page (optional) .	1		3734.90

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 103 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P			
Full Name (Last, First, Middle Initial) JEFFREY W KAGAN			Date of Receipt
Mailing Address 52 CRESTWOOD L	ANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FARMINGVILLE	State NY	Zip Code 11738	Transaction ID: PR1551132326263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.00
Name of Employer United HealthCare Services Inc	Occupatio VP Produ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) GERALD JOHN KNUTSON			Date of Receipt
Mailing Address 520 KIMBERLY LN	N		0 6 3 0 Y Y Y Y Y Y
City PLYMOUTH	State MN	Zip Code 55447	Transaction ID: PR1551132526263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.00
Name of Employer United HealthCare Services Inc	Occupatio Business	n s Segment CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHAEL C MATTEO			Date of Receipt
Mailing Address 25 JEREMIAHS WA	·Υ		06 30 2011
City SOUTH GLASTONBURY	State CT	Zip Code 06073	Transaction ID: PR1551133426263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00070	249.99
Name of Employer United HealthCare Services Inc		tional Accounts	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	\		769.99

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copi or for commercial pu	ed from such Reports and St rposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COM				
Full Name (Last, DAWN M OWENS	First, Middle Initial)			Date of Receipt
	2119 E LAKE OF THE	ISLES PKW	VY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MINNEAPOLIS	6	State MN	Zip Code 55405	Transaction ID: PR1551160326263 Amount of Each Receipt this Period
FEC ID number of federal political control		C		1300.00
Name of Employe United HealthCar Inc	er e Services	Occupation	n s Segment CEO	
Receipt For: Primary Other (spec	☐ General	Aggregate	e Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, THOMAS J VALE	First, Middle Initial) RIUS			Date of Receipt
Mailing Address	2820 DEER RUN TRAI	L		M M / D D / Y Y Y Y Y Y A A A A A A A A A A A A A
City		State	Zip Code	Transaction ID: PR1551161326263
LONG LAKE		MN	55356	Amount of Each Receipt this Period
FEC ID number of federal political controls		C		999.96
Name of Employe United HealthCa Inc	er e Services	Occupation SVP Rec	n cruitment Svcs	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spec	☐ General sify) ▼		999.96	P/R Deduction (\$76.92 Bi- Weekly)
Full Name (Last, LOIS T WEIHRAU	I First, Middle Initial) CH			Date of Receipt
	10392 SHERMAN DRIV	/E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR1551161426263
EDEN PRAIRI		MN	55347	Amount of Each Receipt this Period
FEC ID number of federal political control		C		708.00
Name of Employe United HealthCa Inc	er e Services	-	eral Management	
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 708.00	P/R Deduction (\$60.00 Bi- Weekly)
OUDTOTAL of Dec	eipts This Page (optional)			3007.96

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 103 (check only one) X 11a
Į.	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
<u>_</u>	Full Name (Last, First, Middle Initial) JOHN O ENDERLE			Date of Receipt
	Mailing Address 31 ANDREIS TRAIL			06 30 7 2011
	City SOUTH WINDSOR	State CT	Zip Code 06074	Transaction ID: PR1554323526263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1080.00
	Name of Employer United HealthCare Services	Occupatio	n I Executive	
	Inc Receipt For:	, ' <u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1080.00	P/R Deduction (\$55.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) RICK M JELINEK			Date of Receipt
	Mailing Address 5570 WOODSIDE LAI	NE		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1554323926263
	SHOREWOOD	MN	55331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2499.90
	Name of Employer United HealthCare Services	Occupation Business	n s Segment CEO	
	Inc Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) MICHAEL RADU			Date of Receipt
	Mailing Address 42820 VIOLA CT			06 30 2011
	City	State	Zip Code	Transaction ID: PR1554324526263
	LEESBURG	VA	20176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		702.00
	Name of Employer United HealthCare Services Inc	Occupation VP Oper	ations	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 702.00	P/R Deduction (\$54.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		4281.90

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/103 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I			
Full Name (Last, First, Middle Initial) CATHERINE E SPILLANE			Date of Receipt
Mailing Address 3807 PLEASANT \	/ALLEY DRIVE		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MISSOURI CITY	State TX	Zip Code 77459	Transaction ID: PR1554324626263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		249.99
Name of Employer United HealthCare Services Inc	Occupation Dir Busin	n ness Process	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi- Weekly)
Full Name (Last, First, Middle Initial) KIRK E STAPLETON	L		Date of Receipt
Mailing Address 3840 INGLEWOOI	D AVE S		0 6 3 0 Y Y Y Y Y
City <u>SAINT LOUIS PARK</u>	State MN	Zip Code 55416	Transaction ID: PR1554324726263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		650.00
Name of Employer United HealthCare Services Inc	Occupation VP Strate	n egic Initiatives	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) KAREN L ERICKSON			Date of Receipt
Mailing Address 15348 RED OAKS	ROAD SE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PRIOR LAKE	State MN	Zip Code 55372	Transaction ID: PR1575957626263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0007.2	2499.90
Name of Employer United HealthCare Services Inc		porate Controller	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
SUBTOTAL of Receipts This Page (options	al)		3399.89

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 103 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Page 1	AC (United for	Health)	
Full Name (Last, First, Middle Initial) 4. ERNEST MONFILETTO			Date of Receipt
Mailing Address 3062 COMFORT RO	DAD		06 30 7 2011
City NEW HOPE	State PA	Zip Code 18938	Transaction ID: PR1575958126263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		999.96
Name of Employer United HealthCare Services Inc	Occupation Plan Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi- Weekly)
Full Name (Last, First, Middle Initial) LEE D VALENTA			Date of Receipt
Mailing Address 4701 GOLF TERRA	CE		06 / 30 / Y Y Y Y
City EDINA	State MN	Zip Code 55424	Transaction ID: PR1575958526263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2499.90
Name of Employer United HealthCare Services Inc	Occupation Business	n Segment COO	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) THOMAS S PAUL			Date of Receipt
Mailing Address 2006 QUEEN AVEN	IUE SOUTH		0 6 3 0 / Y Y Y Y Y
City MINNEAPOLIS	State MN	Zip Code 55405	Transaction ID: PR1580864726263
FEC ID number of contributing federal political committee.	C	33403	Amount of Each Receipt this Period 1300.00
Name of Employer United HealthCare Services Inc	- '	Segment CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		4799.86
TOTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	AC (United for Health)	
Full Name (Last, First, Middle Initial) ROBERT THOMAS WEBB		Date of Receipt
Mailing Address 4516 DREXEL AVEN	IUE	06 30 2011
City EDINA	State Zip Code MN 55424	Transaction ID: PR1580865326263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2499.90
Name of Employer United HealthCare Services Inc	Occupation CEO Care Solutions	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) RICHARD J HUGHES		Date of Receipt
Mailing Address 735 SAINT MORITZ		06 30 7 2011
City VICTORIA	State Zip Code MN 55386	Transaction ID: PR1596304126263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1300.00
Name of Employer United HealthCare Services Inc	Occupation SVP Human Capital Dvlpmt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) GAYE ADAMS MASSEY		Date of Receipt
Mailing Address 11641 TANGLEWOO	DD DRIVE	0 6 3 0 Y Y Y Y Y Y
City EDEN PRAIRIE	State Zip Code MN 55347	Transaction ID: PR1596304526263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33347	1499.94
Name of Employer United HealthCare Services Inc	Occupation Sr Deputy General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi- Weekly)
SURTOTAL of Receipts This Page (optional)		5299.84

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 103 (check only one) X
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	.C (United for	Health)	
	Full Name (Last, First, Middle Initial) GEORGE L MIKAN III			Date of Receipt
	Mailing Address 4901 ROLLING GRE	EN PARKWA		06 30 7 2011
	City EDINA	State MN	Zip Code 55436	Transaction ID: PR1596304826263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2499.90
	Name of Employer United HealthCare Services Inc	Occupation EVP CF0		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi- Weekly)
	Full Name (Last, First, Middle Initial) CAROL B MORNESS			Date of Receipt
	Mailing Address 401 N 2ND ST UNIT	512		06 30 7 9 9 9
	City	State	Zip Code	Transaction ID: PR1596304926263
	MINNEAPOLIS	MN	55401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		499.98
	Name of Employer United HealthCare Services	Occupation Dir Unde		
	Inc Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) SCOTT E THEISEN			Date of Receipt
	Mailing Address 1950 MEADOWWOO	DDS TRAIL		06 30 7 7 7 7
	City	State	Zip Code	Transaction ID: PR1596305626263
	LONG LAKE	MN	55356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		249.99
	Name of Employer United HealthCare Services Inc	_, ,	ance & Bus Planning	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)			3249.87

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
. <u>/</u>	Full Name (Last, First, Middle Initial) THOMAS D LEWIS			Date of Receipt
	Mailing Address 306 CHIPPEWA AVE	NUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1596306926263
	TAMPA	FL	33606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		499.98
	Name of Employer United HealthCare Services	Occupatio Health P		
	Inc Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) ROBERT W OBERRENDER			Date of Receipt
	Mailing Address 4505 MOORLAND AV	/ENUE		06 30 2011
	City	State	Zip Code	Transaction ID: PR1596307026263
	EDINA	MN	55424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1430.00
	Name of Employer United HealthCare Services Inc	Occupatio SVP Trea		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1430.00	P/R Deduction (\$110.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) DIANE BEDNAR FLYNN			Date of Receipt
	Mailing Address 3318 FOXRIDGE CIF	RCLE		06 30 2011
	City	State	Zip Code	Transaction ID: PR1596309726263
	TAMPA	<u>FL</u>	33618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer United HealthCare Services Inc	Occupatio VP Medio	n cal & Clinical Ops	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	325.00	P/R Deduction (\$25.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			2254.98

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 103 (check only one) X
An or i	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
<u>/_</u>	Full Name (Last, First, Middle Initial) RAMON E COTO			Date of Receipt
••	Mailing Address 14021 LEANING PINE	E DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City MIAMI LAKES	State FL	Zip Code 33014	Transaction ID: PR1596311526263
	FEC ID number of contributing federal political committee.	C	33014	Amount of Each Receipt this Period 249.99
	Name of Employer United HealthCare Services Inc	Occupation VP Gene	n ral Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)
	Full Name (Last, First, Middle Initial) STEVAN D GARCIA			Date of Receipt
	Mailing Address 4675 DELAWARE DR	RIVE		06 30 2011
	City	State	Zip Code	Transaction ID: PR1596312926263
	LARKSPUR FEC ID number of contributing federal political committee.	CO	80118	Amount of Each Receipt this Period 249.99
	Name of Employer United HealthCare Services Inc	Occupation SVP Ope		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi- Weekly)
	Full Name (Last, First, Middle Initial) KURT A HEUMANN			Date of Receipt
	Mailing Address 9825 GERALD DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1596313726263
	SAINT LOUIS FEC ID number of contributing federal political committee.	C	63128	Amount of Each Receipt this Period 260.00
	Name of Employer United HealthCare Services Inc	Occupation VP Finan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
	JBTOTAL of Receipts This Page (optional)			759.98

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 103 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE	C (United for	Health)	
	Full Name (Last, First, Middle Initial) TIMOTHY T KAJA			Date of Receipt
	Mailing Address 2376 GULF SHORE E	BLVD N		0 6 3 0 Y Y Y Y Y
	City NAPLES	State FL	Zip Code 34103	Transaction ID: PR1596314526263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		342.28
	Name of Employer United HealthCare Services Inc	Occupation SVP Pro	ovider Service	
	Receipt For: Primary General		e Year-to-Date ▼	D/D Dadwatian (#050 00 Di
	Other (specify)		342.28	P/R Deduction (\$250.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JOHN H RENNICK JR			Date of Receipt
	Mailing Address 3220 LAKEWOOD ED	OGE DRIVE		06 30 YYYYY 2011
	City	State	Zip Code	Transaction ID: PR1596316826263
	<u>CHARLOTTE</u>	NC	28269	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		249.99
	Name of Employer United HealthCare Services Inc	Occupation Medical		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		249.99	P/R Deduction (\$19.23 Bi- Weekly)
	Full Name (Last, First, Middle Initial) STEPHAN S RODGERS			Date of Receipt
	Mailing Address 3455 CONGRESS ST	REET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1596317126263
	FAIRFIELD	CT	06824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2499.90
	Name of Employer United HealthCare Services Inc	, '	althcare Strategies	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		3092.17

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 103 (check only one) X
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG	C (United for	Health)	
	Full Name (Last, First, Middle Initial) DANIEL I ROSENTHAL			Date of Receipt
	Mailing Address 109 SLEEPY HOLLO	W LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ORINDA	State CA	Zip Code 94563	Transaction ID: PR1596317326263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		249.99
	Name of Employer United HealthCare Services Inc	Occupation Health P		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$19.23 Bi-
	Other (specify) ▼		249.99	Weekly)
	Full Name (Last, First, Middle Initial) KEVIN J RUTH	•		Date of Receipt
	Mailing Address 16621 ALEXANDER N	MANOR DRI	VE	06 30 2011
	City	State	Zip Code	Transaction ID: PR1596317426263
	SILVER SPRING FEC ID number of contributing federal political committee.	C	20905	Amount of Each Receipt this Period 975.00
	Name of Employer United HealthCare Services Inc	Occupation SVP Ent	on erprise Clinical Alignm	
	Receipt For: Primary General		e Year-to-Date ▼	
	Other (specify)		975.00	P/R Deduction (\$75.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) MANUEL A SELVA			Date of Receipt
	Mailing Address 7602 NW 127TH MAN	NOR		0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: PR1596317726263
	PARKLAND	FL	33076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		249.99
	Name of Employer United HealthCare Services Inc	- ' '	cal Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		1474.98

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/103 (check only one)
Any or fo	information copied from such Reports and Start commercial purposes, other than using the I	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NAME OF COMMITTEE (In Full) JnitedHealth Group Incorporated PAC			
	Full Name (Last, First, Middle Initial)			Date of Receipt
_	Mailing Address 92 GOODWIN CIRCLE			M M / D D / Y Y Y Y Y O D D / Y 2 D 1 1
	Dity HARTFORD	State CT	Zip Code 06105	Transaction ID: PR1596319526263 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		249.99
	lame of Employer Jnited HealthCare Services nc	Occupation PS Nation	n nal VP Account Mgmt	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi- Weekly)
	Full Name (Last, First, Middle Initial)			Date of Receipt
_	Mailing Address 1 ROXITICUS VIEW			06 30 7 2011
	Dity CHESTER	State NJ	Zip Code 07930	Transaction ID: PR1600597326263 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		260.00
	lame of Employer Jnited HealthCare Services nc	Occupation VP Inform	n mation Technology	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) MICHAEL D MICHAUX			Date of Receipt
_	Mailing Address 742 GOODRICH AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City SAINT PAUL	State	Zip Code	Transaction ID: PR1600598526263
F	FEC ID number of contributing ederal political committee.	C	55105	Amount of Each Receipt this Period 1300.00
<u>l</u> i	lame of Employer Jnited HealthCare Services nc	Occupation VP & GM		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
em	BTOTAL of Receipts This Page (optional)			1809.99

	OULE A (FEC Form 3X ED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/103 (check only one)
Any inform	nation copied from such Reports and	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME	OF COMMITTEE (In Full) Health Group Incorporated Pa			
	me (Last, First, Middle Initial) G SANDY			Date of Receipt
	Address 4800 SUNNYSLOPE	ROAD E		M M / D D / Y Y Y Y
City		State	Zip Code	0 6 3 0 2 0 1 1 Transaction ID: PR1600598726263
EDINA	4	MN	55424	Amount of Each Receipt this Period
	number of contributing political committee.	C		1300.00
Name o United Inc	of Employer HealthCare Services	Occupatio SVP Clin	n ical Advancement	
	t For: rimary General other (specify) ♥	Aggregate	e Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
	me (Last, First, Middle Initial) EW W PETERSON			Date of Receipt
Mailing	Address 20595 SPENCER LA	ANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	REWOOD	State MN	Zip Code 55331	Transaction ID: PR1602669926263
FEC ID	number of contributing political committee.	C	33331	Amount of Each Receipt this Period 1300.00
Name of United Inc	of Employer HealthCare Services	Occupatio Market G	n Group CAO	
Receipt P	rimary General	Aggregate	e Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi-
<u></u> □ 0	other (specify) ▼	0 0	1300.00	Weekly)
	me (Last, First, Middle Initial) EY W MALONEY	<u>'</u>		Date of Receipt
Mailing	Address 18076 CLEAR SPRI	NG LANE		06 30 7 9 9 1
City		State	Zip Code	Transaction ID: PR1613243526263
<u>EDEN</u>	PRAIRIE	MN	55347	Amount of Each Receipt this Period
	number of contributing political committee.	C		1249.95
Inc	of Employer HealthCare Services		ations - Evercare	
	t For: rimary General other (specify) ▼	Aggregate	e Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi- Weekly)
SUBTOTA	AL of Receipts This Page (optional)	<u> </u>		3849.95

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	<u> </u>		
Full Name (Last, First, Middle Initial) WILLIAM F KENNEDY			Date of Receipt
Mailing Address 14 MYRA LN			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1653443126263
BURLINGTON FEC ID number of contributing federal political committee.	C	06013	Amount of Each Receipt this Period 260.00
Name of Employer United HealthCare Services Inc	Occupation Dir IT	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) STEVE R KOOREN			Date of Receipt
Mailing Address 4444 ELLSWORTH	I DRIVE		0 6 3 0 Y Y Y Y Y
City EDINA	State MN	Zip Code 55435	Transaction ID: PR1653443226263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2499.90
Name of Employer United HealthCare Services Inc	Occupation Business	n s Segment CFO	7
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) THOMAS J BELLAMY			Date of Receipt
Mailing Address 2743 THOMAS AV	ENUE SOUTH		0 6 3 0 2 0 1 1
City MINNEAPOLIS	State MN	Zip Code 55416	Transaction ID: PR1653444326263
FEC ID number of contributing federal political committee.	C	33410	Amount of Each Receipt this Period 750.10
Name of Employer United HealthCare Services Inc		side Sales & AM	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.10	P/R Deduction (\$57.70 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	al)		3510.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 103 (check only one) X
Α ο	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) > UnitedHealth Group Incorporated PAG	C (United for	Health)	
	Full Name (Last, First, Middle Initial) ALISTAIR D JACQUES			Date of Receipt
	Mailing Address 645 OLD LONG LAKE	EROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ORONO	State MN	Zip Code	Transaction ID: PR1653445226263
	FEC ID number of contributing federal political committee.	C	55391	Amount of Each Receipt this Period 2499.90
	Name of Employer United HealthCare Services Inc Receipt For:	- '	ns Segment CIO	
	Primary General Other (specify) ▼	Aggregate	2499.90	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. MILES S SNOWDEN	1		Date of Receipt
	Mailing Address 4349 FREMONT AVE	S		0 6 3 0 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1746717826263
	MINNEAPOLIS	MN	55409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2499.90
	Name of Employer United HealthCare Services Inc		Segment CMO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JEFF L LEVINE			Date of Receipt
	Mailing Address 619 BOND AVE			06 30 2011
	City	State MD	Zip Code	Transaction ID: PR1806443226263
	REISTERSTOWN FEC ID number of contributing federal political committee.	C	21136	Amount of Each Receipt this Period 625.00
	Name of Employer United HealthCare Services Inc	Occupation PS Mgr	n Acct Mgmt (FEHBP)	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	P/R Deduction (\$-20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		5624.80

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 103 (check only one) X
or for commercial purp	oses, other than using the n	atements may ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMI UnitedHealth Gr	TTEE (In Full) oup Incorporated PAC ((United for	Health)	
Full Name (Last, Fi WILLIAM TALAMAN	TES			Date of Receipt
	11618 ROLLING MEAD	OW DR		06 30 2011
City GREAT FALLS		State VA	Zip Code 22066	Transaction ID: PR1806444726263
FEC ID number of federal political con		C	22000	Amount of Each Receipt this Period 228.80
Name of Employer United HealthCare Inc	Services	Occupation Six Sigm	n a Consultant	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 228.80	P/R Deduction (\$17.60 Bi- Weekly)
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	13904 NEVADA AVE S			06 30 YYYYY 2011
City		State	Zip Code	Transaction ID: PR1806750326263
SAVAGE		MN	55378	Amount of Each Receipt this Period
FEC ID number of federal political con		C		499.98
Name of Employer United HealthCare Inc	Services	Occupation Business	n Segment CFO	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi- Weekly)
Full Name (Last, Fi				Date of Receipt
Mailing Address	5115 SARATOGA LANE	Ē		06 30 7 2011
City		State	Zip Code	Transaction ID: PR1882850626263
PLYMOUTH		MN	55442	Amount of Each Receipt this Period
FEC ID number of federal political con		C		520.00
Name of Employer United HealthCare Inc	Services	-	Capital Partner (Mgr)	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Recei	pts This Page (optional)			1248.78

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 103 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
Z	Full Name (Last, First, Middle Initial) CATHERINE K ANDERSON			Date of Receipt
	Mailing Address 37 W 2000 S			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City DRIGGS	State ID	Zip Code 83422	Transaction ID: PR1903550726263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.10
	Name of Employer United HealthCare Services Inc	Occupatio Dir Mark	n eting Bus Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.10	P/R Deduction (\$57.70 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) KATHLEEN L BISHOP			Date of Receipt
	Mailing Address 145 COTTAGE RD			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1903560826263
	ENFIELD FEC ID number of contributing federal political committee.	CT	06082	Amount of Each Receipt this Period 260.00
	Name of Employer United HealthCare Services Inc	Occupatio Dir Finar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) ROBERT J DUFEK			Date of Receipt
	Mailing Address 816 PROMONTORY	PLACE		06 30 7 2011
	City	State MN	Zip Code	Transaction ID: PR1903577126263
	EAGAN FEC ID number of contributing federal political committee.	C	55123	Amount of Each Receipt this Period 325.00
	Name of Employer United HealthCare Services Inc	Occupatio VP IT	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1335.10

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 103 (check only one) X
A oi	ny information copied from such Reports and St r for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	(United for	Health)	
	Full Name (Last, First, Middle Initial) SUSAN B EDBERG			Date of Receipt
	Mailing Address 9727 WELLINGTON R	IDGE		06 30 7 2011
	City WOODBURY	State MN	Zip Code 55125	Transaction ID: PR1903578126263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00120	1300.00
	Name of Employer United HealthCare Services Inc	Occupatio VP Custo	n omer Service	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JOHN C SANTELLI			Date of Receipt
	Mailing Address 17498 GEORGE MORA	AN DRIVE		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1903622026263
	EDEN PRAIRIE	MN	55347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1300.00
	Name of Employer United HealthCare Services Inc	Occupation SVP & C		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) PAUL D WEYMOUTH			Date of Receipt
	Mailing Address 128 WOODLAND RD			0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: PR1903636926263
	<u>COVENTRY</u>	CT	06238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		249.99
	Name of Employer United HealthCare Services Inc	Occupation VP Finar	nce	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi- Weekly)
\[SUBTOTAL of Receipts This Page (optional)			2849.99

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 103 (check only one) X
0	any information copied from such Reports and r for commercial purposes, other than using the	Statements ma le name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) BRADLEY E ALLEN			Date of Receipt
	Mailing Address 1046 THORNBERRY	CREEK DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ONEIDA	State WI	Zip Code 54155	Transaction ID: PR2119466826263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer United HealthCare Services Inc	Occupation Sr Association	n ciate General Counsel	
	Receipt For: Primary General		e Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	260.00	Weekly)
	Full Name (Last, First, Middle Initial) RUSSELL A BENNETT	•		Date of Receipt
	Mailing Address 4 HALSEY AVE			06 30 2011
	City	State	Zip Code	Transaction ID: PR2119468026263
	LAGUNA NIGUEL	CA	92677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Mark	n eting Bus Dev	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) SUSAN LYNN BERKEL			Date of Receipt
	Mailing Address 10 SHADOW GLEN			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119468126263
	IRVINE	CA	92620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2496.00
	Name of Employer United HealthCare Services Inc	Occupation SVP Ope	erations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2496.00	P/R Deduction (\$192.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			3016.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 103 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (United for Health)	
Full Name (Last, First, Middle Initial) KATHIE L BRYAN		Date of Receipt
Mailing Address 912 JOSHUA PLA	CE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAN DIEGO	State Zip Code CA 92154	Transaction ID: PR2119469426263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer United HealthCare Services Inc	Occupation Assoc Dir Mrkting Comm	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DAVID S CARLSON		Date of Receipt
Mailing Address 13130 WESTPOR	TST	M M / D D / Y Y Y Y Y O D O O D O D O D O D O D O D
City	State Zip Code	Transaction ID: PR2119470226263
MOORPARK FEC ID number of contributing federal political committee.	CA 93021	Amount of Each Receipt this Period 260.00
Name of Employer United HealthCare Services Inc	Occupation Dir Marketing Research	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) LESLIE J CARTER		Date of Receipt
Mailing Address 19021 POPPY HIL	L CIRCLE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR2119470326263
HUNTINGTON BEACH FEC ID number of contributing federal political committee.	CA 92648	Amount of Each Receipt this Period 1248.00
Name of Employer United HealthCare Services Inc	Occupation Dir Network Contracting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	P/R Deduction (\$96.00 Bi- Weekly)
SURTOTAL of Receipts This Page (ention	al)	1833.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 103 (check only one) X
or 1	y information copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) RANDELL J CORREIA			Date of Receipt
	Mailing Address PO BOX 1025	Ctata	7:n Code	0 6 3 0 2 0 1 1 2 D C C C C C C C C C C C C C C C C C C
	City RANCHO SANTA FE	State CA	Zip Code 92067	Transaction ID: PR2119471326263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02007	390.00
	Name of Employer United HealthCare Services Inc	Occupatio SVP Ope		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) RICHARD A CROSS			Date of Receipt
	Mailing Address 11361 DONOVAN RC	DAD		0 6 3 0 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119471826263
	ROSSMOOR	CA	90720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer United HealthCare Services Inc	Occupatio Deputy 0	n General Counsel (Mgr)	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) KENNETH R DAVIS			Date of Receipt
	Mailing Address 7640 N 10TH AVE			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City PHOENIX	State AZ	Zip Code	Transaction ID: PR2119472526263
	FEC ID number of contributing federal political committee.	C	85021	Amount of Each Receipt this Period 260.00
	Name of Employer United HealthCare Services Inc	Occupatio Medical		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional) .	1		975.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I		
Full Name (Last, First, Middle Initial) LINDA M DAYAN		Date of Receipt
Mailing Address 5364 E ABBEYFIE	ELD ST	M M / D D / Y Y Y Y Y O D D / 2011
City LONG BEACH	State Zip Code CA 90815	Transaction ID: PR2119472626263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	247.00
Name of Employer United HealthCare Services	Occupation Chief of Staff	
Inc Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) ANDREA E DILWEG		Date of Receipt
Mailing Address 2321 CARROLL P	K SOUTH	0 6 3 0 2 0 1 1
City	State Zip Code	Transaction ID: PR2119472926263
LONG BEACH	CA 90814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	481.00
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	481.00	P/R Deduction (\$37.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ANGELO GIAMBRONE		Date of Receipt
Mailing Address 1821 PARK STRE	ET	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR2119475126263
HUNTINGTON BEACH	CA 92648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	770.00
Name of Employer United HealthCare Services Inc	Occupation SVP Networks	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	P/R Deduction (\$50.00 Bi- Weekly)
	al)	1498.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 103 (check only one) X
Any ir or for	nformation copied from such Reports and S commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	AME OF COMMITTEE (In Full) nitedHealth Group Incorporated PAC	C (United for	Health)	
	III Name (Last, First, Middle Initial)			Date of Receipt
_	ailing Address 2709 WILLIAMS GRA	NT		06 30 YYYYY 2011
Ci	ty E PERE	State W1	Zip Code 54115	Transaction ID: PR2119475226263
FE	EC ID number of contributing deral political committee.	C	34113	Amount of Each Receipt this Period 260.00
Na Ur Ind	ame of Employer nited HealthCare Services	Occupatio	on ir Claims	
	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)
	ull Name (Last, First, Middle Initial) AVID M HANSEN			Date of Receipt
Ma	ailing Address 33 VIA CONOCIDO			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci		State	Zip Code	Transaction ID: PR2119476726263
FE	AN CLEMENTE C ID number of contributing deral political committee.	CA	92673	Amount of Each Receipt this Period 1755.00
Na Ur Ind	ame of Employer nited HealthCare Services c	Occupation Health P		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1755.00	P/R Deduction (\$135.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial)			Date of Receipt
Ma	ailing Address 4220 OCEAN DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci		State	Zip Code	Transaction ID: PR2119477926263
FE	ANHATTAN BEACH EC ID number of contributing deral political committee.	CA	90266	Amount of Each Receipt this Period 1999.40
<u>In</u>		, '	Grp Chief Clinical Off	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1999.40	P/R Deduction (\$153.80 Bi- Weekly)
SUB	TOTAL of Receipts This Page (optional)			4014.40

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 103 (check only one) X
A 0	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for Health)	
	Full Name (Last, First, Middle Initial) KEVIN D HOST		Date of Receipt
	Mailing Address 14617 GRANT ST		06 30 7 2011
	City OVERLAND PARK	State Zip Code KS 66221	Transaction ID: PR2119478226263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Pharmacy Operations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
_ s.	Full Name (Last, First, Middle Initial) BRIAN JEFFREY	I.	Date of Receipt
	Mailing Address 9 RIMROCK		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR2119479126263
	IRVINE	CA 92603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	325.00
	Name of Employer United HealthCare Services Inc	Occupation VP Network Contracting	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JOHN D JONES		Date of Receipt
	Mailing Address 3562 REDWOOD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City IRVINE	State Zip Code CA 92606	Transaction ID: PR2119479226263
	FEC ID number of contributing federal political committee.	CA 92606	Amount of Each Receipt this Period 1248.00
	Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1248.00	P/R Deduction (\$96.00 Bi- Weekly)
			1833.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 103 (check only one) X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma le name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
∠ \ .	Full Name (Last, First, Middle Initial) HEATHER M MACE-MEADOR			Date of Receipt
	Mailing Address 13531 CARLTON OA	KS		06 30 7 2011
	City	State	Zip Code	Transaction ID: PR2119482526263
	SAN ANTONIO FEC ID number of contributing	C	78232	Amount of Each Receipt this Period 260.00
	federal political committee. Name of Employer	Occupatio	n	_
	Name of Employer United HealthCare Services Inc		cal & Clinical Ops	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) NANCY J MONK			Date of Receipt
	Mailing Address 12271 CHIANTI DRIV	/E		06 30 7 9 9 1
	City	State	Zip Code	Transaction ID: PR2119484326263
	LOS ALAMITOS	CA	90720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		650.00
	Name of Employer United HealthCare Services Inc	Occupation VP Govt	n Affairs & Compl	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	650.00	P/R Deduction (\$50.00 Bi- Weekly)
_ ;.	Full Name (Last, First, Middle Initial) KEITH E NYGARD			Date of Receipt
	Mailing Address 1139 E OCEAN BOU #106	LEVARD		06 30 7 2011
	City	State	Zip Code	Transaction ID: PR2119485026263
	LONG BEACH	CA	90802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer United HealthCare Services Inc	Occupation Assoc Di	n ir Compliance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			1170.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 103 (check only one) X 11a
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	e name and addi	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	· ·	o (Officed for 1	ieaitii)	
	Full Name (Last, First, Middle Initial) LYNDA A PAXSON			Date of Receipt
	Mailing Address 3924 E GARNET PL			0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: PR2119485826263
	HIGHLANDS RANCH	CO	80126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer United HealthCare Services Inc	Occupation Sr Field A	ccount Manager	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		325.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) AUSTIN T PITTMAN			Date of Receipt
	Mailing Address 14 LOCH RIDGE DRIV	VE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119486726263
	GREENSBORO	NC	27408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1755.00
	Name of Employer United HealthCare Services Inc	Occupation Chief Gro	wth Officer	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1755.00	P/R Deduction (\$135.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) CYNTHIA L POLICH			Date of Receipt
	Mailing Address 3401 E VIA PALOMITA	A		M M / D D / Y Y Y Y Y O D D / 2 0 1 1
	City	State	Zip Code	Transaction ID: PR2119486826263
	TUCSON	AZ	85718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1300.00
	Name of Employer United HealthCare Services Inc	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		3380.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 103 (check only one) X
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
۷.	Full Name (Last, First, Middle Initial) SHARON A RICCIUTI			Date of Receipt
	Mailing Address 55 PERENNIAL			06 30 2011
	City IRVINE	State CA	Zip Code 92603	Transaction ID: PR2119487926263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.000	260.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Clinic	n cal Quality	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) MARILYNN D STYERS			Date of Receipt
	Mailing Address 6485 WAYFINDERS	CT		06 30 2011
	City	State	Zip Code	Transaction ID: PR2119490726263
	CARLSBAD FEC ID number of contributing federal political committee.	CA	92009	Amount of Each Receipt this Period 260.00
	Name of Employer United HealthCare Services Inc	Occupation VP Medi	n cal & Clinical Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) CHERYL TANIGAWA, MD			Date of Receipt
	Mailing Address 5598 NAPLES CANA	L		06 30 2011
	City	State	Zip Code	Transaction ID: PR2119491126263
	LONG BEACH FEC ID number of contributing federal political committee.	CA	90803	Amount of Each Receipt this Period 650.00
	Name of Employer United HealthCare Services	Occupation SVP Ent	n erprise Health Svcs	
	Inc Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			1170.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 103 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma he name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	AC (United for	Health)	
۸.	Full Name (Last, First, Middle Initial) STEVEN M TUCKER			Date of Receipt
	Mailing Address 211 LOCKFORD			06 30 7 2011
	City IRVINE	State CA	Zip Code 92602	Transaction ID: PR2119492026263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02002	1248.00
	Name of Employer United HealthCare Services Inc	Occupation VP Regu	n Ilatory Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1248.00	P/R Deduction (\$96.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) SUSAN VANASTEN			Date of Receipt
	Mailing Address W313 GOLDEN GLO	OW RD		06 30 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119492626263
	KAUKAUNA	WI	54130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		520.00
	Name of Employer United HealthCare Services Inc	Occupation Site Dir I	n Medicare Inside Sales	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) LINDA D DAUGHERTY			Date of Receipt
	Mailing Address 15442 NORTH 19TH	I WAY		06 30 YYYYY 2011
	City	State	Zip Code	Transaction ID: PR2119493526263
	PHOENIX	AZ	85022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer United HealthCare Services Inc	- ' '	e General Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
	UBTOTAL of Receipts This Page (optional)	1		2028.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 103 (check only one) X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
۷.	Full Name (Last, First, Middle Initial) GREGORY WRIGHT			Date of Receipt
	Mailing Address 13901 MAUVE DRIVE			06 30 2011
	City SANTA ANA	State CA	Zip Code 92705	Transaction ID: PR2119494126263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02.00	325.00
	Name of Employer United HealthCare Services Inc	Occupation VP General	on eral Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) FORREST G BURKE			Date of Receipt
	Mailing Address 380 LEAF STREET			0 6 3 0 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2133132426263
	ORONO	MN	55356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1300.00
	Name of Employer United HealthCare Services Inc	Occupation Presiden	on it PS Labor & Trust	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Deduction (\$100.00 B)
	Other (specify) ▼		1300.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) CHARLES W HANSON	•		Date of Receipt
	Mailing Address 4133 WHITE OAK LN			06 30 YYYYY 2011
	City	State	Zip Code	Transaction ID: PR2133133126263
	EXCELSIOR FEC ID number of contributing	MN	55331	Amount of Each Receipt this Period
	federal political committee.	C		325.00
	Name of Employer United HealthCare Services Inc	Occupation VP Unde		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		1950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	ory of the	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	ne name and address of any polit	sed by any person for the purpose cal committee to solicit contributio	of soliciting contributions ns from such committee.
Full Name (Last, First, Middle Initial) BROR O HULTGREN Mailing Address 408 22ND ST		Date of Rec	D D / Y Y Y Y
City GOLDEN	State Zip Code CO 80401		3 0 2 0 1 1 n ID: PR2133133226263 Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer United HealthCare Services	Occupation		499.98
Inc Receipt For: Primary General Other (specify) ▼	Regional Executive Aggregate Year-to-Date	499.98 P/R Deduc Weekly)	tion (\$38.46 Bi-
Full Name (Last, First, Middle Initial) CAROLYN MAGILL HANSON Mailing Address 1 ALEXANDER STR	EET	Date of Rec	ceipt
#1201 City YONKERS	State Zip Code NY 10701	Transaction	n ID: PR2133133526263
FEC ID number of contributing federal political committee.	NY 10701	Amount of	Each Receipt this Period 249.99
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Dir General Manageme Aggregate Year-to-Date		tion (\$19.23 Bi-
Full Name (Last, First, Middle Initial) ALLEN D MILLER	1	Date of Red	ceipt
Mailing Address 6209 CRESCENT D	RIVE	0 6	30 Y Y Y Y Y Y 2011
City EDINA	State Zip Code MN 55436		n ID: PR2133133626263 Each Receipt this Period
FEC ID number of contributing federal political committee.	C		455.00
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Regional Executive Aggregate Year-to-Date	P/R Deduc Weekly)	tion (\$35.00 Bi-
SUBTOTAL of Receipts This Page (optional)			1204.97

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 103 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	nd Statements may not be sold or used by any perso the name and address of any political committee to PAC (United for Health)	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) SUSAN C MORISATO Mailing Address 238 ARDMORE RC	DAD	Date of Receipt
City DES PLAINES	State Zip Code IL 60016	0 6 3 0 2 0 1 1 Transaction ID: PR2133133826263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1950.00
Name of Employer United HealthCare Services Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Insurance Solutions Aggregate Year-to-Date 1950.00	P/R Deduction (\$150.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) T JEFFREY PUTNAM Mailing Address 303 ELMWOOD PL	_ACE WEST	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MINNEAPOLIS	State Zip Code MN 55419	Transaction ID: PR2133134226263
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2499.90
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation SVP Financial Plng & Analysis Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name (Last, First, Middle Initial) DIANE M SCHIMMELBUSCH		Date of Receipt
Mailing Address 2203 RIVER FALLS		06 30 2011
City <u>KINGWOOD</u>	State Zip Code TX 77339	Transaction ID: PR2133134626263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Dir Medical & Clinical Ops Aggregate Year-to-Date	
Primary General Other (specify) ▼	325.00	P/R Deduction (\$25.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	a()	4774.90

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 103 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
Full Name (Last, First, Middle Initial) ROBERT C FALKENBERG			Date of Receipt
Mailing Address 6069 WEATHERED	OAK CT		M M / D D / Y Y Y Y Y O D D / 2011
City WESTERVILLE	State OH	Zip Code 43082	Transaction ID: PR2145728426263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		499.98
Name of Employer United HealthCare Services Inc	Occupation Health Pl		
Receipt For: Primary Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi- Weekly)
Full Name (Last, First, Middle Initial) ROB FARAHANI			Date of Receipt
Mailing Address PO BOX 704			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HUNTINGTON	State NY	Zip Code 11743	Transaction ID: PR2145728526263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		499.98
Name of Employer United HealthCare Services Inc	Occupation Dir IT Pro	n Dject Mgmt	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi- Weekly)
Full Name (Last, First, Middle Initial) CARL T KIDD			Date of Receipt
Mailing Address 12210 OYSTER COV	/E COURT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State TX	Zip Code	Transaction ID: PR2145728826263
STAFFORD FEC ID number of contributing federal political committee.	C	77477	Amount of Each Receipt this Period 375.05
Name of Employer United HealthCare Services Inc		Svc Acct Mgt	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.05	P/R Deduction (\$28.85 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			1375.01
TOTAL This Period (last page this line number	er only)	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 103 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG	C (United for	Health)	
	Full Name (Last, First, Middle Initial) NANCY E LINDIMORE			Date of Receipt
	Mailing Address 8256 SNEAD WAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WESTERVILLE	State OH	Zip Code 43082	Transaction ID: PR2145728926263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer United HealthCare Services Inc	Occupatio KA Dir A	n cct Mgmt	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) WAYNE MILLER			Date of Receipt
	Mailing Address 19521 SIERRA SOTO	RD		06 30 2011
	City IRVINE	State	Zip Code	Transaction ID: PR2145729226263
	FEC ID number of contributing federal political committee.	CA	92603	Amount of Each Receipt this Period 260.00
	Name of Employer United HealthCare Services Inc	Occupatio RVP Clie	n ent Mgmt & Svc	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) MICHAEL P SCHWARZ			Date of Receipt
	Mailing Address 13935 WOODRIDGE	PATH		06 30 2011
	City SAVAGE	State MN	Zip Code	Transaction ID: PR2145729726263
	FEC ID number of contributing federal political committee.	C	55378	Amount of Each Receipt this Period 455.00
	Name of Employer United HealthCare Services Inc	Occupatio VP IT	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 455.00	P/R Deduction (\$35.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		975.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 103 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	Statements may not be sold or used by any persone name and address of any political committee to C. (United for Health)	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	Contect for reality	
Full Name (Last, First, Middle Initial) DANNETTE L SMITH		Date of Receipt
Mailing Address 5414 BYSCANE LAN	IE	06 30 7 2011
City	State Zip Code	Transaction ID: PR2145729926263
MINNETONKA	MN 55345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1499.94
Name of Employer United HealthCare Services	Occupation Sr Deputy General Counsel	
Inc Receipt For:	Aggregate Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	1499.94	P/R Deduction (\$115.38 Bi- Weekly)
Full Name (Last, First, Middle Initial) MARGARET W WEAR		Date of Receipt
Mailing Address 44 TOPANGA		06 30 7 2011
City	State Zip Code	Transaction ID: PR2145730226263
IRVINE	CA 92602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	650.00
Name of Employer United HealthCare Services Inc	Occupation VP Actuary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	650.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DAVID A SPIVACK		Date of Receipt
Mailing Address 37 HIDDEN TRAIL		0 6 3 0 2 0 1 1
City	State Zip Code	Transaction ID: PR2162867626263
IRVINE	CA 92603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2499.90
Name of Employer United HealthCare Services Inc	Occupation SVP Business Operations	
Receipt For:	Aggregate Year-to-Date ▼	_ [
Primary General Other (specify) ▼	2499.90	P/R Deduction (\$192.30 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		4649.84

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) CHRISTINE W GIBSON			Date of Receipt
	Mailing Address 8516 29TH AVE N			06 30 2011
	City NEW HOPE	State MN	Zip Code 55427	Transaction ID: PR2225166726263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1499.94
	Name of Employer United HealthCare Services Inc	Occupatio Market G	n Grp Chief Mktg Off	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi- Weekly)
	Full Name (Last, First, Middle Initial) ANDREW M SLAVITT			Date of Receipt
	Mailing Address 5125 MIRROR LAKES	S DRIVE		0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: PR2225167426263
	EDINA FEC ID number of contributing federal political committee.	C	55436	Amount of Each Receipt this Period 3250.00
	Name of Employer United HealthCare Services Inc	Occupatio Business	n s Segment CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3250.00	P/R Deduction (\$250.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JEAN-FRANCOIS BEAULE			Date of Receipt
	Mailing Address 7 STRATFORD RD			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State CT	Zip Code	Transaction ID: PR2225813626263
	FARMINGTON FEC ID number of contributing federal political committee.	C	06032	Amount of Each Receipt this Period 750.10
	Name of Employer United HealthCare Services Inc	Occupatio VP Gene	n eral Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.10	P/R Deduction (\$-307.30 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		5500.04

SCHEDULE A	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 103 (check only one) X 11a
Any information copi or for commercial pu	rposes, other than using the r	atements may name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
UnitedHealth (Group Incorporated PAC	(United for	Health)	
. CHARLES W MAR				Date of Receipt
	676 LAKE SUSAN HILL		71.0	06 30 2011
City <u>CHANHASSE</u> I	J	State MN	Zip Code 55317	Transaction ID: PR2225818626263 Amount of Each Receipt this Period
FEC ID number of federal political co		C		230.00
Name of Employe United HealthCar Inc	e Services	Occupation Dir IT	n	
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$-10.00 Bi- Weekly)
Full Name (Last, MICHAEL MCGUI	First, Middle Initial) RE			Date of Receipt
Mailing Address	437 DRURY LANE			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR2225818826263
WYCKOFF FEC ID number of federal political co		C	07481	Amount of Each Receipt this Period 260.00
Name of Employe United HealthCar Inc	e Services	Occupation Health Pl		
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, ERIC S RANGEN	First, Middle Initial)			Date of Receipt
Mailing Address	15348 RED OAKS ROA	AD SE		0 6 3 0 2 0 1 1
City PRIOR LAKE		State MN	Zip Code 55372	Transaction ID: PR2225819326263
FEC ID number of federal political co		C	33372	Amount of Each Receipt this Period 2499.90
Name of Employe United HealthCar Inc	e Services	Occupation SVP Chie	n ef Accounting Officer	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
SUBTOTAL of Rec	eipts This Page (optional)			2989.90

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the Crieck only one)
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by a e name and address of any political com	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for Health)	
	Full Name (Last, First, Middle Initial) JOHN D RYAN		Date of Receipt
	Mailing Address 45 WESTMORELANI) LN	0 6 3 0 Y Y Y Y Y Y
	City NAPERVILLE	State Zip Code IL 60540	Transaction ID: PR2225819626263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	499.98
	Name of Employer United HealthCare Services Inc	Occupation RVP Client Mgmt & Svc	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) KAREN A DIPALMO Mailing Address 7533 PRAIRIE VIEW	DR	Date of Receipt
	City	State Zip Code	0 6 3 0 2 0 1 1 Transaction ID: PR2231347226263
	INDIANAPOLIS	IN 46256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	390.00
	Name of Employer Golden Rule Financial Cor- n	Occupation Dir Network Programs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JEFFERY A DROZDA	1	Date of Receipt
	Mailing Address 9765 GRACE LANE		0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City CLINTON	State Zip Code LA 70722	Transaction ID: PR2231347426263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	520.00
	Name of Employer United HealthCare Services Inc	Occupation Govt Rel Assoc Dir	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520	P/R Deduction (\$40.00 Bi- Weekly)
Γ,	SUPTOTAL of Possints This Page (entional)		1409.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 103 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
Full Name (Last, First, Middle Initial) DONALD M MUDGETT			Date of Receipt
Mailing Address 8131 LAKE POINT WA	ΑY		0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City INDIANAPOLIS	State IN	Zip Code 46256	Transaction ID: PR2231351926263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		254.00
Name of Employer Golden Rule Financial Cor- p.	Occupation Assoc Di	n r General Management	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 254.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DARRELL S RICHEY	1		Date of Receipt
Mailing Address 7244 TULIPTREE TRA	AIL		0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City INDIANAPOLIS	State IN	Zip Code 46256	Transaction ID: PR2231352326263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1040.00
Name of Employer Golden Rule Financial Cor- p.	Occupation Deputy G	n General Counsel (Mgr)	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	P/R Deduction (\$80.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHAEL R CONNLY	1		Date of Receipt
Mailing Address 570 MONTCALM PL			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR2247625826263
SAINT PAUL FEC ID number of contributing federal political committee.	C	55116	Amount of Each Receipt this Period 1300.00
Name of Employer United HealthCare Services Inc		chnology Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	1		2594.00
TOTAL This Period (last page this line number	only)	······	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements mand add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) JOSEPH R CARCIONE JR			Date of Receipt
	Mailing Address 11 CARRIAGE WAY			06 30 2011
	City WHITE PLAINS	State NY	Zip Code 10605	Transaction ID: PR2247626826263
	FEC ID number of contributing federal political committee.	C	10605	Amount of Each Receipt this Period 750.10
	Name of Employer United HealthCare Services Inc	Occupatio Medical I		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.10	P/R Deduction (\$57.70 Bi- Weekly)
	Full Name (Last, First, Middle Initial) KEVIN DAVID KANTOLA			Date of Receipt
	Mailing Address 7031 HALSTEAD DR	RIVE		06 30 2011
	City	State	Zip Code	Transaction ID: PR2247627026263
	MINNETRISTA	MN	55364	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		325.00
	Name of Employer United HealthCare Services Inc		chitecture	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) DENNIS P O'BRIEN			Date of Receipt
	Mailing Address 61 LOUGHLIN AVE			06 30 2011
	City COS COB	State CT	Zip Code	Transaction ID: PR2247627326263
	FEC ID number of contributing federal political committee.	C	06807	Amount of Each Receipt this Period 750.10
	Name of Employer United HealthCare Services	Occupatio	n work Mgmt	
	Inc Receipt For: Primary General Other (specify) ▼	-, '	e Year-to-Date ▼ 750.10	P/R Deduction (\$57.70 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)			1825.20

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F			
Full Name (Last, First, Middle Initial) JEFFERY RICHARD VERNEY			Date of Receipt
Mailing Address 266 WESTLEDGE	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST SIMSBURY	State CT	Zip Code 06092	Transaction ID: PR2247627426263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.10
Name of Employer United HealthCare Services Inc	Occupation VP Gene	n eral Management	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.10	P/R Deduction (\$57.70 Bi- Weekly)
Full Name (Last, First, Middle Initial) DARRELL BROOKS			Date of Receipt
Mailing Address 425 QUEENSLAND	LANE NORTH	I	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>PLYMOUTH</u>	State MN	Zip Code 55447	Transaction ID: PR2247627626263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.10
Name of Employer United HealthCare Services Inc	Occupation VP Inform	n mation Technology	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.10	P/R Deduction (\$57.70 Bi- Weekly)
Full Name (Last, First, Middle Initial) SANJAY GARODIA			Date of Receipt
Mailing Address 282 MIDDAUGH			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CLARENDON HILLS	State IL	Zip Code 60514	Transaction ID: PR2247627826263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		499.98
Name of Employer United HealthCare Services Inc	Occupation COO IBS	3	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	ıl\		2000.18

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 103 (check only one) X
Any i	information copied from such Reports and S r commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
\	AME OF COMMITTEE (In Full) InitedHealth Group Incorporated PAC	C (United for	Health)	
	ull Name (Last, First, Middle Initial) ACQUELINE B KOSECOFF			Date of Receipt
M	failing Address 1474 BIENVENEDA A	VE		0 6 3 0 Y Y Y Y Y
	ity PACIFIC PALISADES	State CA	Zip Code 90272	Transaction ID: PR2247627926263 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		2499.90
	lame of Employer Inited HealthCare Services nc	Occupatio Business	n s Segment CEO	
	ecceipt For: Primary General Other (specify)		e Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
	ull Name (Last, First, Middle Initial)	0 0		Date of Receipt
M	failing Address 8970 MOOR PARK RU	UN		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: PR2247628026263
FI	DULUTH EC ID number of contributing ederal political committee.	GA C	30097	Amount of Each Receipt this Period 349.96
	lame of Employer Inited HealthCare Services nc	Occupatio Region C		
_	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 349.96	P/R Deduction (\$26.92 Bi- Weekly)
	ull Name (Last, First, Middle Initial) OHN M PRINCE			Date of Receipt
_	failing Address 546 HARRINGTON RO	OAD		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: PR2259738426263
FI	VAYZATA EC ID number of contributing ederal political committee.	C	55391	Amount of Each Receipt this Period 1261.00
<u>Ir</u>	lame of Employer Inited HealthCare Services	, '	Segment COO	
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1261.00	P/R Deduction (\$97.00 Bi- Weekly)
CITE	BTOTAL of Receipts This Page (optional)			4110.86

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 103 (check only one) X
0	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
. <u>/</u>	Full Name (Last, First, Middle Initial) CHRIS CRONN			Date of Receipt
	Mailing Address 1611 W 5TH ST APT	232		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2270522926263
	AUSTIN	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		499.98
	Name of Employer United HealthCare Services Inc	Occupation Govt Rel		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JEANNE M DE SA			Date of Receipt
	Mailing Address 3000 TILDEN STREE	T NW #204-	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2402315926263
	WASHINGTON	DC	20008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		650.00
	Name of Employer United HealthCare Services Inc	Occupation Govt Rel		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		650.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) ANGELA DAWN KEPLEY CARRIER			Date of Receipt
	Mailing Address 3219 PENINSULA DR	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2402317726263
	JAMESTOWN	NC	27282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Case		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			1409.98

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16 1		
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	.C (United for Health)			
<u>/_</u>	Full Name (Last, First, Middle Initial) MARILYN LEVI-BAUMGARTEN		Date of Receipt		
	Mailing Address 4800 W 27TH ST		06 30 2011		
	City SAINT LOUIS PARK	State Zip Code MN 55416	Transaction ID: PR2402317926263 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	260.00		
	Name of Employer United HealthCare Services Inc	Occupation Dir General Management			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)		
	Full Name (Last, First, Middle Initial) JAKE LOGAN		Date of Receipt		
	Mailing Address 5520 CHEERY LYNN	N ROAD	06 30 2011		
	City	State Zip Code	Transaction ID: PR2402318226263		
	PHOENIX FEC ID number of contributing federal political committee.	AZ 85018	Amount of Each Receipt this Period 325.00		
	Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)		
	Full Name (Last, First, Middle Initial) MARIA MCCAULEY		Date of Receipt		
	Mailing Address 15916 MARSHFIELD	DRIVE	0 6 3 0 / Y Y Y Y Y		
	City	State Zip Code	Transaction ID: PR2402318426263		
	TAMPA FEC ID number of contributing federal political committee.	FL 33624	Amount of Each Receipt this Period 260.00		
	Name of Employer United HealthCare Services Inc	Occupation Sr Project Manager II			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)		
	NUDTOTAL (Describe This Description)		845.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
Full Name (Last, First, Middle Initial) JILL RIVERS			Date of Receipt
Mailing Address 6648 DASHER COUL	RT		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>COLUMBIA</u>	State MD	Zip Code 21045	Transaction ID: PR2402319526263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer United HealthCare Services Inc	Occupatio Director	n HHS Consulting	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) LORIK SWEERE Mailing Address 11826 GERMAINE T	ERRACE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EDEN PRAIRIE	State MN	Zip Code 55347	Transaction ID: PR2402320226263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1300.00
Name of Employer United HealthCare Services Inc	Occupatio EVP Hur	n nan Capital	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JAY M ANLIKER			Date of Receipt
Mailing Address 4306 MOUNTAIN LA	NE		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WAUSAU	State W1	Zip Code 54401	Transaction ID: PR2402445026263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		260.00
Name of Employer United HealthCare Services Inc	Occupatio CEO TP	4	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 103 (check only one) X
0	any information copied from such Reports and a r for commercial purposes, other than using th	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) JAMES C COLEMAN			Date of Receipt
	Mailing Address 4135 ETHAN DRIVE			06 30 2011
	City EAGAN	State MN	Zip Code 55123	Transaction ID: PR2402445226263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33123	1300.00
	Name of Employer United HealthCare Services Inc	Occupation SVP Em	on ployee Relations	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JAMES D DONOVAN			Date of Receipt
	Mailing Address 2816 MONTREAUX D	DRIVE		0 6 3 0 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2402445326263
	FRISCO	TX	75034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		845.00
	Name of Employer United HealthCare Services Inc	Occupation SVP Bus	on s Dev and Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 845.00	P/R Deduction (\$65.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JOHN L LARSEN			Date of Receipt
	Mailing Address 11688 TANGLEWOO	D DRIVE		0 6 3 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2402445626263
	EDEN PRAIRIE FEC ID number of contributing	MN	55347	Amount of Each Receipt this Period 650.00
	federal political committee.	C		030.00
	Name of Employer United HealthCare Services Inc	<u>, '</u>	s Segment CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	P/R Deduction (\$193.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		2795.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 103 (check only one) X
or for com	mercial purposes, other than using the	Statements ma name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) dHealth Group Incorporated PAC	(United for	Health)	
. KARA	ame (Last, First, Middle Initial) J RIOS			Date of Receipt
	Address 5116 DUGGAN PLAZA			06 30 2011
City EDIN	А	State MN	Zip Code 55439	Transaction ID: PR2402445726263 Amount of Each Receipt this Period
FEC II	number of contributing political committee.	C	00100	3250.00
Name United Inc	of Employer HealthCare Services	Occupation VP Oper		
Receip	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3250.00	P/R Deduction (\$250.00 Bi- Weekly)
Full Na	ame (Last, First, Middle Initial) HIGA			Date of Receipt
Mailing	Address 2208 ELM AVENUE			0 6 3 0 2 0 1 1
City		State	Zip Code	Transaction ID: PR2402446226263
	HATTAN BEACH	CA	90266	Amount of Each Receipt this Period
federa	number of contributing political committee.	C		390.00
Name United Inc	of Employer HealthCare Services	Occupation Dir Regu	n Ilatory Affairs	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi- Weekly)
	ame (Last, First, Middle Initial) I G JINDAL	1		Date of Receipt
Mailing	Address 19513 MILL DAM PLA	CE		0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR2402446326263
	DOWNE	VA	20176	Amount of Each Receipt this Period
	number of contributing political committee.	C		1300.00
Inc	of Employer HealthCare Services	Occupation Govt Rel	Dir	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTO	AL of Receipts This Page (optional)			4940.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 103 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Officedhealth Group incorporated FAC	(Officed for	nealtii)	
-	Full Name (Last, First, Middle Initial) RUSSELL C PETRELLA			Date of Receipt
	Mailing Address 4612 MOORLAND AV	ENUE		06 30 2011
	City	State	Zip Code	Transaction ID: PR2402446426263
	EDINA	MN	55424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1300.00
	Name of Employer United HealthCare Services Inc	Occupation Presiden	n t Americhoice	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1300.00	P/R Deduction (\$100.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) CORY ALEXANDER			Date of Receipt
	Mailing Address 4203 BRADLEY LANE	06 30 7 9 9 9		
	City	State	Zip Code	Transaction ID: PR2405428826263
	CHEVY CHASE	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2499.90
	Name of Employer United HealthCare Services Inc	Occupation VP Gov't	n Relations	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JOSEPH R STEVENS			Date of Receipt
	Mailing Address 1621 BERKSHIRE RD	0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR2405429126263
	COLUMBUS	ОН	43221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		618.80
	Name of Employer United HealthCare Services Inc	Occupation Govt Rel		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 618.80	P/R Deduction (\$47.60 Bi- Weekly)
_	SUBTOTAL of Receipts This Page (optional)			4418.70

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck drily drie)
7	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	UnitedHealth Group Incorporated PA	C (United for Health)	
	Full Name (Last, First, Middle Initial) RODNEY CHARLES ARMSTEAD		Date of Receipt
	Mailing Address 406 LEWELEN CIRC	CLE	06 30 2011
	City	State Zip Code	Transaction ID: PR2405430226263
	ENGLEWOOD	NJ 07631	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	520.00
	Name of Employer United HealthCare Services Inc	Occupation VP Operations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	520.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) NANCY M ELLISON		Date of Receipt
	Mailing Address PO BOX 82872		0 6 3 0 Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR2408544626263
	KENMORE	WA 98028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel Dir	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	850.00	P/R Deduction (\$500.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) KAREN ANN SAELENS		Date of Receipt
	Mailing Address 105 N FLORENCE A	VE	06 30 2011
	City	State Zip Code	Transaction ID: PR2408544826263
	LITCHFIELD PARK	AZ 85340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer United HealthCare Services Inc	Occupation Dir General Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•	1280.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	~)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 103 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	<u> </u>		
Full Name (Last, First, Middle Initial)			
KATHLYN G WEE Mailing Address 4118 38TH ST NW			Date of Receipt
4110 30111 31 1444			06 30 2011
City	State	Zip Code	Transaction ID: PR2408545026263
WASHINGTON FEC ID number of contributing federal political committee.	C	20016	Amount of Each Receipt this Period 260.00
Name of Employer United HealthCare Services Inc	Occupatio Govt Rel		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JEFFREY SEAN CORZINE			Date of Receipt
Mailing Address 7649 EARLINGTO	0 6 3 0 Y Y Y Y Y		
City	State	Zip Code	Transaction ID: PR2437119726263
DUBLIN	OH	43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.00
Name of Employer United HealthCare Services Inc	Occupatio Dir Gene	n eral Management	
Receipt For:		e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DAVID K LIVINGSTON			Date of Receipt
Mailing Address 24570 RIDGE POLE COURT			0 6 3 0 2 0 1 1
City	State	Zip Code	Transaction ID: PR2437120226263
SOUTH LYON	MI	48178	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer United HealthCare Services Inc	Occupatio Plan Pre	sident	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dodustion (#07.00 B)
Other (specify)		325.00	P/R Deduction (\$97.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	.0		845.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 103 (check only one) X 11a
A	ny information copied from such Reports and St r for commercial purposes, other than using the	tatements may r name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	(United for H	lealth)	
	Full Name (Last, First, Middle Initial) JACK S WEISS			Date of Receipt
	Mailing Address 6245 NORTH 75 STRE	ET		06 30 2011
	City SCOTTSDALE	State AZ	Zip Code 85250	Transaction ID: PR2437120526263
	FEC ID number of contributing federal political committee.	C	63230	Amount of Each Receipt this Period 325.00
	Name of Employer United HealthCare Services Inc	Occupation Natl Medic	al Director/CMO	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) PAUL JOSEPH BALTHAZOR			Date of Receipt
	Mailing Address 9013 FARNSWORTH A	06 30 YYYYY 2011		
	City	State	Zip Code	Transaction ID: PR2437120726263
	BROOKLYN PARK	MN	55443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		780.00
	Name of Employer United HealthCare Services Inc		Segment CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 780.00	P/R Deduction (\$60.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) KELLY L CLARK			Date of Receipt
	Mailing Address 13540 BIRCHWOOD A	AVENUE		0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: PR2437121326263
	ROSEMOUNT	MN	55068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		499.98
	Name of Employer United HealthCare Services Inc		Segment CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi- Weekly)
5	SUBTOTAL of Receipts This Page (optional)			1604.98

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 103 (check only one) X
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
. <u>/</u>	Full Name (Last, First, Middle Initial) LAURA L NESS			Date of Receipt
	Mailing Address 10550 PINNACLE WA	AY		06 30 2011
	City WOODBURY	State MN	Zip Code 55129	Transaction ID: PR2437121526263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer United HealthCare Services	Occupation VP Opera		
	Receipt For:	- ' '	Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) ROBIN E LIPPERT			Date of Receipt
	Mailing Address 522 4 STREET SOUT	06 30 7 2011		
	City	State	Zip Code	Transaction ID: PR2439928026263
	WASHINGTON	DC	20003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2059.52
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2059.52	P/R Deduction (\$226.19 Bi- Weekly)
	Full Name (Last, First, Middle Initial) STEPHEN M HEYMAN			Date of Receipt
	Mailing Address 5300 SHERRILL AVE	NUE		06 30 7 2011
	City	State	Zip Code	Transaction ID: PR2444265726263
	CHEVY CHASE	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1300.00
	Name of Employer United HealthCare Services Inc	Occupation VP Govt	Rel	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$100.00 Bi-
	Other (specify) ▼	0 0	1300.00	Weekly)
Γ	SUBTOTAL of Receipts This Page (optional).	1		3619.52

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 103 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (United for Health)	
Full Name (Last, First, Middle Initial) LORI C MCDOUGAL		Date of Receipt
Mailing Address 19705 LAKEVIEW	AVENUE	M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DEEPHAVEN	State Zip Code MN 55331	Transaction ID: PR2445015326263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2499.90
Name of Employer United HealthCare Services Inc	Occupation CEO - UMVS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) DONALD S LANGER		Date of Receipt
Mailing Address 177 SOUTHBORG	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: PR2445015426263
SOUTHINGTON FEC ID number of contributing federal political committee.	CT 06489	Amount of Each Receipt this Period 260.00
Name of Employer United HealthCare Services Inc	Occupation Plan President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) CHARLES L WILKINS	I	Date of Receipt
Mailing Address 10827 MOUNT CU	JRVE ROAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR2445016626263
EDEN PRAIRIE FEC ID number of contributing federal political committee.	MN 55347	Amount of Each Receipt this Period 1300.00
Name of Employer United HealthCare Services Inc	Occupation CEO OH Financial Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
	nal)	4059.90

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 103 (check only one) X
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	AC (United for Health)	
Full Name (Last, First, Middle Initial) SABRINA FERGUSON		Date of Receipt
Mailing Address 204 CHESTNUT DRI	VE State Zip Code	0 6 3 0 2 0 1 1 Transaction ID: PR2445017226263
BRANDON	MS 39047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer United HealthCare Services Inc	Occupation Assoc Dir Clinical Quality	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-
Other (specify) ▼	200.00	Weekly)
Full Name (Last, First, Middle Initial) EILEEN J LIVERANI	D	Date of Receipt
Mailing Address 100 BOSTOCK ROA	LD	06 30 2011
City	State Zip Code	Transaction ID: PR2460167226263
<u>SHOKAN</u>	NY 12481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	360.10
Name of Employer United HealthCare Services Inc	Occupation Dir Customer Service	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	360.10	P/R Deduction (\$27.70 Bi- Weekly)
Full Name (Last, First, Middle Initial) KARIN KEITEL		Date of Receipt
Mailing Address 3918 HAVEN ROAD	-	06 30 7 2011
City	State Zip Code	Transaction ID: PR2460167626263
MINNETONKA	MN 55345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	650.00
Name of Employer United HealthCare Services Inc	Occupation Business Segment Gen Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	650.00	P/R Deduction (\$50.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		1270.10

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG	C (United for Health)	
	Full Name (Last, First, Middle Initial) SHELBY P SOLOMON		Date of Receipt
	Mailing Address 5702 BLAKE ROAD		06 30 7 2011
	City	State Zip Code	Transaction ID: PR2460167926263
	EDINA FEC ID number of contributing	MN 55436	Amount of Each Receipt this Period 1495.00
	federal political committee.		1493.00
	Name of Employer United HealthCare Services Inc	Occupation President Payer & Government	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1495.00	P/R Deduction (\$115.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JELKA S PETROVIC		Date of Receipt
	Mailing Address 4454 PEPPER MILL L	0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	Transaction ID: PR2460168026263	
	ORION	MI 48359	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	260.00
	Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) LARRY C RENFRO	Date of Receipt	
	Mailing Address 5 DOVE LANE		0 6 3 0 Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR2460168126263
	ANDOVER	MA 01810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2499.90
	Name of Employer United HealthCare Services Inc	Occupation CEO PSMG	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-
	Other (specify) ▼	2499.90	Weekly)
Γ	UBTOTAL of Receipts This Page (optional) .	I	4254.90

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 103 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	<u> </u>		
Full Name (Last, First, Middle Initial) DAVID B ORBUCH			Date of Receipt
Mailing Address 3370 SYCAMORE	M M / D D / Y Y Y Y		
City	State	Zip Code	0 6 3 0 2 0 1 1 Transaction ID: PR2460168226263
<u>PLYMOUTH</u>	MN	55441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.50
Name of Employer United HealthCare Services Inc	Occupation Chief Co	n mpliance Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.50	P/R Deduction (\$38.50 Bi- Weekly)
Full Name (Last, First, Middle Initial) ERIC J WEXLER			Date of Receipt
Mailing Address 7220 WILLOW OA	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City WEST BLOOMFIELD	State MI	Zip Code 48324	Transaction ID: PR2463723126263
FEC ID number of contributing federal political committee.	C	40324	Amount of Each Receipt this Period 416.00
Name of Employer United HealthCare Services Inc	Occupation Deputy G	n General Counsel (Mgr)	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.00	P/R Deduction (\$32.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) KAREN L WALKOWSKI			Date of Receipt
Mailing Address 6359 COUNTRY F	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR2463723426263
EDEN PRAIRIE	MN	55346	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.00
Name of Employer United HealthCare Services Inc		r Provider Svc	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option	al)		1176.50

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any per le name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for Health)	
	Full Name (Last, First, Middle Initial) SUE SCHICK		Date of Receipt
	Mailing Address 319 BERKLEY ROAD)	0 6 3 0 / Y Y Y Y Y
	City MERION STATION	State Zip Code PA 19066	Transaction ID: PR2480620526263
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1625.00
	Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	P/R Deduction (\$125.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) JO ANNE M ANDERSON Mailing Address 6236 KNOLL DRIVE		Date of Receipt
	City	State Zip Code	06 30 2011
	EDINA	MN 55436	Transaction ID: PR2484541626263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	923.00
	Name of Employer United HealthCare Services Inc	Occupation VP Integration	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 923.00	P/R Deduction (\$71.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) MATTHEW A BURNS		Date of Receipt
	Mailing Address 250 6TH STREET EA APT 407	AST	06 30 7 2011
	City ST PAUL	State Zip Code MN 55101	Transaction ID: PR2484541726263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	650.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Communications	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)
			3198.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 103 (check only one) X			
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)				
Full Name (Last, First, Middle Initial) JAMES F COPPENS			Date of Receipt			
Mailing Address 5965 LAKE LINDEN C	Mailing Address 5965 LAKE LINDEN COURT					
City	State	Zip Code	0 6 3 0 2 0 1 1 Transaction ID: PR2484541926263			
SHOREWOOD	MN	55331	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		820.95			
Name of Employer United HealthCare Services Inc	Occupation SVP Total	n al Compensation				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 820.95	P/R Deduction (\$63.15 Bi- Weekly)			
Full Name (Last, First, Middle Initial) LILLIAN R HECKMAN	1		Date of Receipt			
Mailing Address 552 DEER LAKE CIRC	06 30 / Y Y Y Y Y Y					
City BLUE BELL	State PA	Zip Code 19422	Transaction ID: PR2484542126263			
FEC ID number of contributing federal political committee.	C	IJTEE	Amount of Each Receipt this Period 390.00			
Name of Employer United HealthCare Services Inc	Occupation Six Sigma	a Consultant				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	390.00	P/R Deduction (\$30.00 Bi- Weekly)			
Full Name (Last, First, Middle Initial) KEVIN KNARR	1		Date of Receipt			
Mailing Address 3138 O STREET NW			0 6 3 0 2 0 1 1			
City	State	Zip Code	Transaction ID: PR2484542326263			
WASHINGTON	DC	20007	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		499.98			
Name of Employer United HealthCare Services Inc	Occupation VP Opera	ations				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi- Weekly)			
SUBTOTAL of Receipts This Page (optional)			1710.93			
TOTAL This Period (last page this line number		•				

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 103 (check only one) X
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for Health)	
Full Name (Last, First, Middle Initial) JERI G KUBICKI		Date of Receipt
Mailing Address 619 GIST AVENUE		06 30 7 2011
City SILVER SPRING	State Zip Code MD 20910	Transaction ID: PR2486697826263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	650.00
Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) THOMAS B MANDERFELD		Date of Receipt
Mailing Address 4835 PENN AVENUE	0 6 3 0 2 0 1 1	
City	State Zip Code	Transaction ID: PR2486697926263
MINNEAPOLIS FEC ID number of contributing federal political committee.	MN 55419	Amount of Each Receipt this Period 520.00
Name of Employer United HealthCare Services Inc	Occupation VP General Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DIRK C MCMAHON		Date of Receipt
Mailing Address 1608 SUMMIT OAKS	CT	0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR2491457026263
BURNSVILLE FEC ID number of contributing federal political committee.	MN 55337	Amount of Each Receipt this Period
Name of Employer United HealthCare Services Inc	Occupation CEO & President Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		2470.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 103 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
. <u>/</u>	Full Name (Last, First, Middle Initial) JOHN G NACKEL			Date of Receipt
	Mailing Address 666 LINDA VISTA AV	ENUE		06 30 7 2011
	City	State	Zip Code	Transaction ID: PR2491457226263
	PASADENA	CA	91105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1261.00
	Name of Employer United HealthCare Services Inc	Occupation SVP Ingo	n enix Consulting	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1261.00	P/R Deduction (\$97.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) CHRISTOPHER S STANLEY			Date of Receipt
	Mailing Address 12934 W 81ST AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2491457426263
	ARVADA	CO	80005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		650.00
	Name of Employer United HealthCare Services Inc	Occupation Sr Medic	n al Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		650.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) KATHRYN M SULLIVAN			Date of Receipt
	Mailing Address 530 N LAKE SHORE	DR # 2309		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2491457526263
	CHICAGO	<u>IL</u>	60611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1261.00
	Name of Employer United HealthCare Services Inc	Occupation Region (
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1261.00	P/R Deduction (\$97.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			3172.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 103 (check only one) X
4	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) MICHAEL SCOTT HARTLEY			Date of Receipt
	Mailing Address 4313 MORNINGSIDE	ROAD		06 30 7 2011
	City EDINA	State MN	Zip Code 55416	Transaction ID: PR2538641326263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer United HealthCare Services	Occupatio VP Oper		
	Receipt For:	_ '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$500.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) DAVID H REID			Date of Receipt
	Mailing Address 1500 MASSACHUSE # 114	TTS AVE NV	I	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2540175226263
	WASHINGTON FEC ID number of contributing federal political committee.	C	20005-1814	Amount of Each Receipt this Period 365.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel	n Assoc Dir	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	P/R Deduction (\$365.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) KARA V SMITH	1		Date of Receipt
	Mailing Address 3 14 STREET NORTH	H EAST		06 30 YYYYY 2011
	City	State	Zip Code	Transaction ID: PR2540175326263
	WASHINGTON FEG. ID grapher of a patribution	DC	20002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1636.38
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt	Rel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1636.38	P/R Deduction (\$181.82 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional).			2501.38

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 103 (check only one) X
0	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) EDWARD M CHESTON			Date of Receipt
	Mailing Address 61 SPA ROAD			06 / 30 / 2011
	City	State MD	Zip Code	Transaction ID: PR2541300326263
	ANNAPOLIS FEC ID number of contributing federal political committee.	C	21401	Amount of Each Receipt this Period 220.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) HYLLIUS R EDWARDS			Date of Receipt
	Mailing Address PO BOX 44246			0 6 3 0 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2541300426263
	<u>DENVER</u>	CO	80201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) MATTHEW A KING			Date of Receipt
	Mailing Address 1112 LORME COUR	Т		0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2541300526263
	BRENTWOOD	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt	Rel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		1020.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 76 / 103 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be so the name and address of a	old or used by any perso any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F			
Full Name (Last, First, Middle Initial) JOHN VERSAGGI			Date of Receipt
Mailing Address 800 ALBANY AVE	IUE		M M / D D / Y Y Y Y O D D / 3 0 2 0 1 1
City ALEXANDRIA	State Zip 0 VA 223	Code	Transaction ID: PR2541300826263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 223		952.40
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel		
Receipt For: Primary General Other (specify)	Aggregate Year-to-l	Date ▼ 952.40	P/R Deduction (\$119.05 Bi-Weekly)
Full Name (Last, First, Middle Initial) JOHN F DOHERTY			Date of Receipt
Mailing Address 5338 SPILMAN AV	ENUE		M M / D D / Y Y Y Y Y Y A A A A A A A A A A A A A
City		Code	Transaction ID: PR2542024526263
SACRAMENTO FEC ID number of contributing federal political committee.	CA 958	19	Amount of Each Receipt this Period 350.00
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel		
Receipt For: Primary General Other (specify)	Aggregate Year-to-I	Date ▼ 350.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) RICHARD E RAMSAY			Date of Receipt
Mailing Address 543 E LURAY AVE			M M / D D / Y Y Y Y Y O D D / 2011
City	•	Code	Transaction ID: PR2542542226263
ALEXANDRIA FEC ID number of contributing federal political committee.	VA 223	01	Amount of Each Receipt this Period 300.00
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-I	Date ▼	P/R Deduction (\$50.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (options	<u> </u>		1602.40

В.

SCHEDULE A (FEC Form 3X)

PAGE 77 / 103 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) JEANNE M PACE Date of Receipt Mailing Address 458 MORENO ROAD 06 3 0 2011 City State Zip Code Transaction ID: PR2552313726263 **WYNNEWOOD** PA 19096 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer United HealthCare Services Occupation KA Sr Sales Executive Inc Receipt For: Aggregate Year-to-Date General Primary P/R Deduction (\$1000.00 1000.00 Other (specify) Weekly) Full Name (Last, First, Middle Initial) RICHARD N BAER Date of Receipt Mailing Address 5700 SOUTH CHERRY CIRCLE 0 6 30 2011 City State Zip Code Transaction ID: PR2552960526263 **GREENWOOD VILLAGE** CO 80121 Amount of Each Receipt this Period FEC ID number of contributing C 4999.90 federal political committee. Name of Employer United HealthCare Services Occupation **EVP General Counsel** Receipt For: Aggregate Year-to-Date ▼

4999.90

SUBTOTAL of Receipts This Page (optional)	•	5999.90
TOTAL This Period (last page this line number only)	•	202009.65

Primary

Other (specify)

General

P/R Deduction (\$4999.90

Bi-Weekly)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 103 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	(United for Health)	
Full Name (Last, First, Middle Initial) United Health Group Inc. Political Action Committ	tee of New Mexico	Date of Receipt
Mailing Address 701 Pennsylvania Aver Suite 650	nue, NW	04 08 2011
City	State Zip Code	Transaction ID: 33160227
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10573.53
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 10573.53	TRANSFER OF NM PAC FUNDS INTO FED PAC

SUBTOTAL of Receipts This Page (optional)	>	10573.53
TOTAL This Period (last page this line number only)	•	10573.53

SCHEDIII E B (FEC Form 3Y)

	Use separate schedule(s)	(check onl	NUMBER: PAGE 79 / 103
ITEMIZED DISBURSEMEN	Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports or for commercial purposes, other than usin			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (United for Health)		
Full Name (Last, First, Middle Initial)			Transaction ID: 32892658
Nebraska Leadership PAC (NELF	PAC)		Date of Disbursement 0 1 2 1 2 0 1 1
City Omaha	State Zip Code NE 68103		Amount of Each Disbursement this Period
Purpose of Disbursement			2500.00
Candidate Name Nebraska Leadership PAC (NELF	PAC)	011 Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	71:-	
Full Name (Last, First, Middle Initial)			Transaction ID: 32892661
Friends Of Roy Blunt			Date of Disbursement
Mailing Address Po Box 278			01 21 2011
City Strafford	State Zip Code MO 65757		Amount of Each Disbursement this Period
Purpose of Disbursement Void - Friends Of Roy Blunt		011	-5000.00
Candidate Name Roy Blunt		Category/ Type	
Office Sought: X House Senate President State: MO District: 07	Disbursement For: 2010 Primary X General Other (specify)		Void - Friends Of Roy Blu- nt
Full Name (Last, First, Middle Initial) Friends Of Roy Blunt			Transaction ID: 32892663 Date of Disbursement
Mailing Address Po Box 278			$\begin{bmatrix} M & M $
City Strafford	State Zip Code MO 65757		Amount of Each Disbursement this Period
Purpose of Disbursement DEBT RETIREMENT		011	5000.00
Candidate Name Roy Blunt		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2010 Primary X General Other (specify)	**	DEBT RETIREMENT
State: MO District: 07	General Debt 2010		
SUBTOTAL of Disbursements This Page	(entional)		2500.00

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one) 22
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and dadress of any pointed		ion contributions from sacri committee
UnitedHealth Group Incorporated PAC (Unit	ed for Health)		
Full Name (Last, First, Middle Initial)	_		Transaction ID: 32956943
Democratic Senatorial Campaign Committe	е		Date of Disbursement
Mailing Address 430 S Capitol			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D \end{bmatrix} \ \end{bmatrix}$
	tate Zip Code 20003		Amount of Each Disbursement this Period
Purpose of Disbursement		011	15000.00
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify)	71-1	
State: District: Full Name (Last, First, Middle Initial)			T " ID 00050050
Kevin Mccarthy For Congress			Transaction ID: 32956953 Date of Disbursement
Mailing Address PO Box 12667			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} M & M \\ Z & I & I \end{smallmatrix} \end{bmatrix}$
,	tate Zip Code CA 93389		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1500.00
Candidate Name Mr. Kevin McCarthy		Category/ Type	
	nent For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Heller For Congress			Transaction ID: 32956960 Date of Disbursement
Mailing Address PO Box 750580			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & D & I \end{bmatrix} \ \end{bmatrix}$
	tate Zip Code IV 89136		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Dean Heller		Category/ Type	
	nent For: 2012 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			19000.00
TOTAL This Period (last page this line number only)			

	TEMIZED DISPUBLICATION		Use separate schedule(s)		FOR LINE NUMBER: PAGE 81 / (check only one)				81/	103				
	EMIZED DISBURSEME	_	Detailed S	ategory of the Summary Page		À	21b 27	22 28a		23 28b		3c	25 29	
	Information copied from such Report commercial purposes, other than													3
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora													
	Full Name (Last, First, Middle Initial) National Republican Senatoria										329 ement	5700	6	
Ī	Mailing Address 425 Second	Street NE						0 ^M 2	M /	^D 1	0 /	Y	2 0 1 1	Y
	City Washington		State DC	Zip Code 20002				Amou	ınt of	Each	Disbu		nt this F	
Ī	Purpose of Disbursement					01	1.	L.	_			150	00.00)
	Candidate Name					ateg Typ	-							
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spec	General cify) ▼										
	State: District:													
	Full Name (Last, First, Middle Initial) Cantor For Congress							Date	of Dis	burse	ement	2677		V
Ī	Mailing Address P. O. Box 17	'813						0 3	M /	0	^D 2	Y	2 0 1 1	Y
	City Richmond		State VA	Zip Code 23226				Amou	ınt of	Each	Disbu		nt this F	
	Purpose of Disbursement					01	1.					50	00.00)
	Candidate Name Rep. Eric I. Cantor					ateg Typ								
(Office Sought: X House Senate President	Disburser X	ment For: Primary Other (spec	2012 General cify) The state of the state										
	State: VA District: 07 Full Name (Last, First, Middle Initial)	\												
	Matheson For Congress	1						Date		sburse	ement	2677		Υ
Ì	Mailing Address P O Box 521 Suite A	048						0 3			^D 2		2 0 1 1	
	City Salt Lake City		State UT	Zip Code 84152				Amou	ınt of	Each	Disbu		nt this F	
	Purpose of Disbursement					01			_			5(00.00)
	Candidate Name Rep. James D. Matheson					ateg Typ								
	Office Sought: X House Senate President	Disburser	ment For: Primary Other (spec	2012 General										
	State: UT District: 02													
4												250		

Transaction ID: 3026776 Date of Disbursement For: Other (specify) ▼ Date of Disbursement End of State Disbursement End of Dis	SCHEDULE B (FEC Form	3X) Use separate schedule	e) I -	NUMBER: PAGE 82/10	03
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Valide-leath Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Bluegrass Committee Mailing Address 400 North Capitol Street NW #585 City State Zip Code Washington DC 20001 Purpose of Disbursement Cardidate Name Bluegrass Committee Office Sought: House Senate President Strate: District: Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address P.O. Box 490 City State Zip Code Mid 49085 City State Zip Code Mid 49085 St. Joseph Mid 49085 Furpose of Disbursement Candidate Name Rep. Frederick Upton Office Sought: Amount of Each Disbursement this Pe Category' Type City State: Mid District: 06 Full Name (Last, First, Middle Initial) Upton For All Of Us State: Mid District: 06 Full Name (Last, First, Middle Initial) Candidate Name Rep. Frederick Upton Office Sought: X House Disbursement For: 2012 Senate President State: Mid District: 06 Full Name (Last, First, Middle Initial) Category' Type Office Sought: X House Disbursement For: 2012 Senate President State: Mid District: 06 Full Name (Last, First, Middle Initial) Category' Type Office Sought: X House Disbursement For: 2012 Senate President State: X Primary General Other (specify) ▼ State: District: Di	ITEMIZED DISBURSEMEN	for each category of the Detailed Summary Pag	21b	22 X 23 24 25 [
NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Bluegrass Committee City Washington Purpose of Disbursement Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address P.O. Box 490 City Siste Zip Code Disbursement For: Other (specify) ▼ Transaction ID: 33026776 Amount of Each Disbursement this Pe Z500.00 Transaction ID: 33026777 Date of Disbursement this Pe Z500.00 Transaction ID: 33026777 Date of Disbursement His Pe Z500.00 Transaction ID: 33026777 Date of Disbursement His Pe Z500.00 Transaction ID: 33026777 Date of Disbursement Office Sought: House St. Joseph Mil 49085 Purpose of Disbursement Candidate Name Rep. Frederick Upton Office Sought: X House President State: Mil District: 06 Full Name (Last, First, Middle Initial) District: 06 Full Name (Last, First, Middle Initial) President State: Mil District: 06 Full Name (Last, First, Middle Initial) Category' Type Office Sought: X House Senate President State: Mil District: 06 Full Name (Last, First, Middle Initial) District: 07 Mailing Address 1220 L Street, NW Suite 100-263 City Washington DC 20005 Purpose of Disbursement Office Sought: House Senate President Sitate: District: District: 07 Disbursement For: Disbursement For: Disbursement For: Disbursement For: District: 06 Transaction ID: 33026778 Date of Disbursement Office Sought: A House Disbursement For: Disbursement Office Sought: A House President District: 07 Amount of Each Disbursement Office Sought: President District: 07 Disbursement For: Disbursement F					
Bluegrass Committee Mailing Address 400 North Capitol Street NW #585 City Washington DC 20001 Purpose of Disbursement Candidate Name Bluegrass Committee Office Sought: House Disbursement For: Sanate President District: Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address P.O. Box 490 City St. Joseph MI 49085 Clargory' Candidate Name Rep. Frederick Upton Office Sought: House Senate Primary General Clargory' Candidate Name Rep. Frederick Upton Condidate Name Candidate Name Category' Type Condidate Name Category' Type Condidate Name Category' Type Category'	NAME OF COMMITTEE (In Full)		33		
City Washington Disbursement Disbursement For: Full Name (Last, First, Middle Initial) Upton For All Of Us	,			Date of Disbursement	
Purpose of Disbursement Candidate Name Bluegrass Committee Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Upton For All Of Us Candidate Name President State: Disbursement For: Senate President State: Disbursement For: Disbursement For: Disbursement For: Disbursement For: Date of D	Mailing Address 400 North Cap	tol Street NW #585		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$	Y
Candidate Name Bluegrass Committee Office Sought: House State: District: Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address P.O. Box 490 City St. Joseph MI 49085 Purpose of Disbursement Candidate Name Rep. Frederick Upton Office Sought: Yerinary General Primary Date of Disbursement For: 2012 X Primary General President State: NW Suite 100-263 Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC Mailing Address 1220 L Street, NW Suite 100-263 City Washington DC 20005 Purpose of Disbursement Office Sought: House Senate President Senate President Senate President District: Office Sought: Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substotal of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbursement For: 2012 Category/ Type Office Sought: House President Other (specify) ▼ Amount of Each Disbursement Note of Disbursement For: 2012 Amount of Each Disbursement Note of Disbu			_		erioc
Bluegrass Committee Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address P.O. Box 490 City State Zip Code MI 49085 Purpose of Disbursement Candidate Name Rep. Frederick Upton Office Sought: Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Upton For All Of Us Transaction ID: 33026777 Date of Disbursement Office Sought: Advance Rep. Frederick Upton Office Sought: Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC Mailing Address 1220 L Street, NW Suite 100-263 City Sulte 100-263 City Sate Zip Code Washington DC 20005 Purpose of Disbursement Office Sought: House Senate President Other (specify) ▼ State: District: Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement Inis Pe Code Disbursement For: Senate President State: District: District: Disbursement For: Senate President State: District: District: Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Disbursement For: Senate President Disbursement For: Disbursement For: Senate President Disbursement For: Disbursement For: Disbursement For: Disbursement Disbursement Disbursement For: Disbursement Disbursement Disbursement Disbursement For: Disbursement Disbursement Disbursement Disbursement Disbursement For: Disbursement D				2500.00	
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City State: MI District: 06 Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC Mailing Address 1220 L Street, NW Suite 100-263 City Washington DC 20005 Purpose of Disbursement Candidate Name Mailing Address 1220 L Street, NW Suite 100-263 City Washington DC 20005 Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: 2012	Upton For All Of Us			Date of Disbursement	Υ
St. Joseph Purpose of Disbursement Candidate Name Rep. Frederick Upton Office Sought: State: MI District: 06 Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC Mailing Address City Washington Purpose of Disbursement Candidate Name Candidate Name Other (specify) Transaction ID: 33026778 Date of Disbursement Mailing Address 1220 L Street, NW Suite 100-263 City Washington DC 20005 Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) Type Mailing Address Senate Primary General Other (specify) Type State: District: Disbursement For: Senate Primary General Other (specify) Type 10000.00	Mailing Address P.O. Box 490			03 02 2011	_
Candidate Name Rep. Frederick Upton Office Sought:			_		erio
Office Sought:	Candidate Name		Category/	2500.00	
Republican Main Street Partnership PAC Mailing Address 1220 L Street, NW Suite 100-263 City Washington Purpose of Disbursement Candidate Name Office Sought: House President President State: District: District: Date of Disbursement Mailing Address State Zip Code 20005 Amount of Each Disbursement this Pe Category/ Type Other (specify) ▼ 10000.00	Office Sought: X House Senate President	X Primary Genera	1		
Suite 100-263 City State Zip Code Washington DC 20005 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)		hip PAC		Date of Disbursement	
Washington Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)		NW		03 7 0 2 7 2 0 1 1	
Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)					erio
Office Sought: House Senate Primary General Other (specify) State: District: Subtotal of Disbursements This Page (optional)				5000.00	
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary Genera	Туре		
		e (optional)		10000.00	_
TOTAL This Period (last page this line number only)					=

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CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 83 / 103
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	/ one) 22 X 23 24 25 28 28c 29
Information copied from such Reports and Statem			
or commercial purposes, other than using the name	e and address of any political (committee to sol	licit contributions from such committee
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorporated PAC (Ur	lited for Health)		
Full Name (Last, First, Middle Initial)			Transaction ID: 33026779
The Freedom Project			Date of Disbursement
Mailing Address 111 E Street SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Perio
Washington	DC 20003		5000.00
Purpose of Disbursement		011	5000.00
Candidate Name		011 Category/	
Caradate Name		Type	
Office Sought: House Disburse	ement For:		
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Searchlight Leadership Fund			Transaction ID: 33026780
Searchight Leadership Fund			Date of Disbursement
Mailing Address 422 C St. NE Lower Level			03 / 02 / 2011
	State Zip Code DC 20002		Amount of Each Disbursement this Period
Washington Purpose of Disbursement	20002		5000.00
		011	
Candidate Name Searchlight Leadership Fund		Category/ Type	
Office Sought: House Disburse	ement For:		
Senate	Primary General		
State: President State:	Other (specify)		
Full Name (Last, First, Middle Initial)			
Friends Of Roy Blunt			Transaction ID: 33042715 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address Po Box 278			03 08 2011
City Strafford	State Zip Code MO 65757		Amount of Each Disbursement this Period
Purpose of Disbursement	1	-	-5000.00
Void - Friends Of Roy Blunt		011	
Candidate Name Roy Blunt		Category/ Type	
	ement For: 2010	- 76~	V. 1. 5 1. 0/ 5 5'
Senate	Primary X General		Void - Friends Of Roy Blu- nt
President	Other (specify)		
State: MO District: 07			
·			
JBTOTAL of Disbursements This Page (optional)			5000.00

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s))		E NUMBER:	PAGE 84 / 103
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(check or 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30l
	ny Information copied from such Reports and Starfor commercial purposes, other than using the n					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC				oner contributions in	on such committee
۷. 4.	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt				Transaction ID Date of Disburs	
	Mailing Address Po Box 278				03 / 0	08 / 2011
	City Strafford	State Zip Code MO 65757			Amount of Each	Disbursement this Period
	Purpose of Disbursement 2010 DEBT RETIREMENT			011		5000.00
	Candidate Name Roy Blunt			ategory/ Type		
	Senate President	Primary X General Other (specify)			2010 DEBT R	ETIREMENT
_		eral Debt 2010				
В.	Full Name (Last, First, Middle Initial) Heller For Congress				Transaction ID Date of Disburs	ement
	Mailing Address PO Box 750580					11 2 2011
	City Las Vegas	State Zip Code NV 89136			Amount of Each	n Disbursement this Period
	Purpose of Disbursement Void - Heller For Congress		-	011		-2500.00
	Candidate Name Rep. Dean Heller			ategory/ Type		
	Office Sought: X House Senate President State: NV District: 02	ursement For: 2012 X Primary General Other (specify) ▼			Void - Heller F	For Congress
C.	Full Name (Last, First, Middle Initial) Heller For Congress				Transaction ID Date of Disburs	
	Mailing Address PO Box 750580				03 / 0	11 2011
	City Las Vegas	State Zip Code NV 89136			Amount of Each	Disbursement this Period
	Purpose of Disbursement		011	<u> </u>	2500.00	
	Candidate Name Rep. Dean Heller			ategory/ Type		
	Senate President	x Primary General Other (specify) ▼				
Г	State: NV District: 02					5000.00
	SUBTOTAL of Disbursements This Page (option	-				5000.00
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Any Information copied from or for commercial purposes, NAME OF COMMITTEE	other than using the (In Full)	name and addres	ss of any political							
/ UnitedHealth Group I	ncorporated PAC	(United for He	ealth)							
Full Name (Last, First, M Ryan For Congress	iddle Initial)					Date	of Disburs			Y Y
Mailing Address P. (O. Box 1919					0 ^M 3		15	2 0) 1 1
City Janesville		State W1	Zip Code 53547			Amou	int of Eac	n Disburse		
Purpose of Disbursemen	t				011				2000	0.00
Candidate Name Rep. Paul D. Ryan					tegory/ Type					
Pi	enate resident	oursement For: X Primary Other (spe	2012 General							
State: WI Distri										
Full Name (Last, First, M Montanans For Teste	,						of Disburs			V V
Mailing Address PO	Box 1135					0 3	, ,	15	20) 1 1
City Helena		State MT	Zip Code 59624			Amou	int of Eac	n Disburse		
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Candidate Name Mr. Jon Tester					tegory/ Γype					
χS	ouse Disk enate resident	oursement For: X Primary Other (spe	2012 General							
State: MT Distri										
Full Name (Last, First, M Montanans For Teste	,					Date	of Disburs			V V
Mailing Address PO	Box 1135					0 ^M 3		15	20) 1 1
City Helena		State MT	Zip Code 59624			Amou	int of Eacl	n Disburse		
Purpose of Disbursemen	t				011] L.			1000	0.00
Candidate Name Mr. Jon Tester				Ca	tegory/ Γype					
χS	ouse Disk enate resident	oursement For: Primary Other (spe	2012 X General cify) ▼							
State: MT Distri			v							

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 86 / 103
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one)] 22 💢 23 [24 25 26
	Detailed Suffilliary Fage	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any political co	orninitiee to son	Cit Continbutions from	Such committee
UnitedHealth Group Incorporated PAC (Un	ited for Health)			
Full Name (Last, First, Middle Initial)			Transaction ID:	33087334
Friends Of John Barrow			Date of Disbursem	
Mailing Address PO Box 8166			03 15	['] 2011
	State Zip Code GA 31412		Amount of Each Di	sbursement this Period
Purpose of Disbursement	Γ	011		1000.00
Candidate Name Rep. John Barrow		Category/ Type		
Senate X President	ment For: 2012 Primary General Other (specify)			
State: GA District: 12 Full Name (Last, First, Middle Initial)				
New Democrat Coalition Political Action Co	ommittee		Transaction ID: (ent
Mailing Address 607 4th Street NW Suite 800			0 3 7 2 9	2 0 1 1 Y
,	State Zip Code DC 20005		Amount of Each Di	sbursement this Period
Purpose of Disbursement		011		5000.00
Candidate Name New Democrat Coalition Political Action Co	ommittee	Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) National Republican Congressional Comm	ittee		Transaction ID: 3	ent
Mailing Address 320 First Street, SE			04 / 12	2011
	State Zip Code DC 20003		Amount of Each Di	sbursement this Period
Purpose of Disbursement	Г			15000.00
Candidate Name		011 Category/ Type		
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional) .		•		21000.00
TOTAL This Period (last page this line number only)				

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and State r for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incorporated PAC (L	nited for Health)		
Full Name (Last, First, Middle Initial)	da.		Transaction ID: 33161852
AMERIPAC: The Fund for a Greater Ame	ica		Date of Disbursement
Mailing Address 607 14th Street, NW Suite 800			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix} \ $
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement	20003		5000.00
r drpose of bisbursement		011	
Candidate Name AMERIPAC: The Fund for a Greater Ame	rica	Category/ Type	
Office Sought: House Disburs	ement For:		
Senate	Primary General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			T
Devin Nunes Campaign Committee			Transaction ID: 33161855 Date of Disbursement
Mailing Address PO Box 6545			$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&D\\1&2&\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&&Y&Y&Y\\2&0&1&1\end{smallmatrix}$
City	State Zip Code		Amount of Each Disbursement this Perio
Visalia	CA 93290		1000.00
Purpose of Disbursement		011	1000.00
Candidate Name Mr. Devin Nunes		Category/ Type	
Office Sought: X House Disburs	ement For: 2012	71	
	Primary General		
State: CA District: 21	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 33234614
Lynn Jenkins For Congress			Date of Disbursement
Mailing Address P.O. Box 1441			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City Topeka	State Zip Code KS 66601		Amount of Each Disbursement this Period
Purpose of Disbursement			1500.00
Condidata Nama		011	
Candidate Name Rep. Lynn Jenkins		Category/ Type	
Office Sought: X House Disburs	ement For: 2012 Primary General	71:	
President	Other (specify)		
State: KS District: 02			
OUDTOTAL (CD)			7500.00
SUBTOTAL of Disbursements This Page (optional			7500.00

	CHEDULE B (FEC Form 3.	' Use sep	arate schedule(s)	_	NUMBER: PAGE 88 / 103
ITE	EMIZED DISBURSEMENT	S for each	category of the Summary Page	(check onl	y one) 22 X 23 24 25 28a 28b 28c 29 4
	/ Information copied from such Reports ar			d by any person	for the purpose of soliciting contributions
	or commercial purposes, other than using	the name and addre	ess of any politica	l committee to so	blicit contributions from such committee
١.	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (United for H	ealth)		
	Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress				Transaction ID: 33235439 Date of Disbursement
	Mailing Address 1071 Twin Branc				0 4 D 2 8 Y 2 0 1 1
	City	State	Zip Code		Amount of Each Disbursement this Period
	Weston Purpose of Disbursement	FL	33326		5000.00
	Candidate Name			011 Category/	
	Wasserman Schultz Debbie			Туре	
	Office Sought: X House Senate President	Disbursement For: X Primary Other (spe	2012 General ecify)		
	State: FL District: 20				
	Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn I	nc			Transaction ID: 33236170 Date of Disbursement
	Mailing Address PO Box 13026 Suite 180				$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & B \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	City Austin	State TX	Zip Code 78711		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	2500.00
	Candidate Name Sen. John Cornyn			Category/ Type	
	X Senate President	Disbursement For: X Primary Other (spe	2014 General ecify)		
	State: TX District: Full Name (Last, First, Middle Initial)				
	Pat Roberts For US Senate Inc				Transaction ID: 33239280 Date of Disbursement
	Mailing Address PO Box 433				$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	City Great Bend	State KS	Zip Code 67530		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1500.00
				Category/ Type	
	Candidate Name Sen. Pat Roberts			. , , , ,	
		Disbursement For: X Primary Other (spe	2014 General ecify)	.,,,,,	
	Sen. Pat Roberts Office Sought: House X Senate	X Primary	General	.,,,,,	

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Portman For Senate Committee Mailing Address 8331 Little Harbor Drive City Cincinnati OH 45244 Purpose of Disbursement Office Sought: House Disbursement For: 2016	SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE (check only	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) United Health Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Portman For Senate Committee Mailing Address 8331 Little Harbor Drive City Cincinnati Candidate Name Mr. Rob Portman Office Sought: House V Senate President State: OH District: Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc Mailing Address PO Box 433 City Great Bend KS 67530 Purpose of Disbursement Candidate Name Sen. Pat Roberts Office Sought: House V Senate President State: KS District: Full Name (Last, First, Middle Initial) Pat Roberts Office Sought: V Senate President State: KS District: Full Name (Last, First, Middle Initial) Pat Roberts Office Sought: V Senate President Sen. Pat Roberts Office Sought: V Senate President State: KS District: Full Name (Last, First, Middle Initial) Dawg PAC Office Sought: House Disbursement For: Category/ Type Other (specify) ▼ Transaction ID: 33352979 Date of Disbursement Other (specify) ▼ Transaction ID: 33352979 Date of Disbursement Other (specify) ▼ Transaction ID: 33352979 Date of Disbursement Transaction ID: 33352979 Date of Disbursement Other (specify) ▼ Transaction ID: 33352979 Date of Disbursement Other (specify) ▼ Transaction ID: 33352979 Date of Disbursement Tipe Perical Peric	ITEMIZED DISBURSEMENTS	, -	21b 27	22 X 23 24 25 28a 28b 28c 29
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Portman For Senate Committee Mailing Address 8331 Little Harbor Drive City City City City Candidate Name Mr. Rob Portman Office Sought: House X Senate President State: OH District: Full Name (Last, First, Middle Initial) Daws PAC Office Sought: House X Senate President State: Space Disbursement For: 2016 X Primary General Portman Other (specify) Transaction ID: 333295411 Date of Disbursement this Peric 0 5 W				
Portman For Senate Committee Mailing Address 8331 Little Harbor Drive City State Zip Code Cincinnati OH 45244 Purpose of Disbursement Office Sought: Amount of Each Disbursement this Peric Cincinnati President Senate Primary General Cother (specify) ▼ Transaction ID: 33352979 Date of Disbursement this Peric Cincinnati Disbursement For: 2016 X Primary General Cother (specify) ▼ Transaction ID: 33352979 Date of Disbursement Office Sought: Amount of Each Disbursement this Peric Cincinnati President State: OH Disbursement For: 2016 X Primary General Cother (specify) ▼ Transaction ID: 33352979 Date of Disbursement Office Sought: Amount of Each Disbursement this Peric Cincinnati Disbursement Cother (specify) ▼ Transaction ID: 33352979 Date of Disbursement Office Sought: Amount of Each Disbursement this Peric Cincinnati District: Other (specify) ▼ District: Transaction ID: 33352979 Date of Disbursement Office Sought: Amount of Each Disbursement this Peric Cincinnati District: District: Transaction ID: 33362512 Date of Disbursement Office Sought: Amount of Each Disbursement this Peric Cincinnation ID: 33362512 Date of Disbursement Office Sought: Amount of Each Disbursement this Peric Cincinnation ID: 33362512 Date of Disbursement Office Sought: Amount of Each Disbursement this Peric Cincinnation ID: 33362512 Date of Disbursement Office Sought: House Disbursement For: Primary General Disbursement this Peric Cincinnation ID: 5000.00	NAME OF COMMITTEE (In Full)			
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (Unit	ted for Health)									
Full Name (Last, First, Middle Initial) Crowley For Congress				Trans Date of			33404 ment	1421		
Mailing Address 84-56 Grand Avenue				0 ^M 6	M /	^D 0	^D /	2	0 [¥] 1	Y
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Candidate Name Rep. Joseph Crowley	.5		egory/ ype							
	nent For: 2012 Primary General Other (specify)									
Full Name (Last, First, Middle Initial) The Blue Dog PAC				Trans Date of			33404 ment	1435		
Mailing Address 227 Massachusetts Ave Suite 101				0 6	М /	0	6 /	ž	0 1 1	Y
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NAME OF COMMITTEE (In Full) Valided Health Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Graves for Congress Mailing Address P.O. Box 34744 City State Zip Code MO 64116 Purpose of Disbursement Candidate Name Senate President State: MO District: 06 Full Name (Last, First, Middle Initial) Friends Of John Barrasso Office Sought: X House Disbursement Candidate Name Senate President State: WY District: Full Name (Last, First, Middle Initial) Candidate Name Senate President Candidate Name (Last, First, Middle Initial) Fire Candidate Name Senate President Candidate Name Senate President Candidate Name Senate President Candidate Name (Last, First, Middle Initial) Entity Senate President Candidate Name (Last, First, Middle Initial) Entity Senate President Candidate Name Senate President Candidate Name (Last, First, Middle Initial) Entity Senate President Candidate Name (Last, First, Middle Initial) Entity Senate President Candidate Name (Last, First, Middle Initial) Entity Senate President Candidate Name (Last, First, Middle Initial) Entity Senate President Candidate Name (Last, First, Middle Initial) Entity Senate President Candidate Name (Last, First, Middle Initial) Entity Senate President Office Sought: House Presiden	EMIZED DISBURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Graves for Congress Mailing Address P.O. Box 34744 City State Zip Code Kansas City MO 64116 Purpose of Disbursement Candidate Name Sam Graves Mailing Address PO Box 52008 City State Zip Code (Sasper President State) WY 82605 Purpose of Disbursement City State Zip Code (Sasper VY 82605) Purpose of Disbursement City State Zip Code (Sasper VY 82605) Purpose of Disbursement City State Zip Code (WY 82605) Purpose of Disbursement City State Zip Code (WY 82605) Purpose of Disbursement City State Xip Code (WY 82605) Purpose of Disbursement Candidate Name (Mr. John Barrasso) Office Sought: House (WY 82605) Purpose of Disbursement Candidate Name (Mr. John Barrasso) Office Sought: House (WY 82605) City District: Full Name (Last, First, Middle Initial) ERRICPAC Mailing Address 25 East Main Street, Suite 200 City State Xip Code (VA 23219) Purpose of Disbursement Office Sought: House (Sarate VY 23211) City State Xip Code (Category/Type) City City Code (Category/Type) Co					
Mailing Address P.O. Box 34744 City State Zip Code Kansas City MO 64116 Purpose of Disbursement Candidate Name Sam Graves Office Sought: X House President Disbursement For: 2012 X Primary General President Disbursement Candidate Name Sam Graves Office Sought: X House President Disbursement For: 2012 X Primary General Disbursement Candidate Name WY 82605 Purpose of Disbursement Candidate Name WY 82605 Purpose of Disbursement Candidate Name Mr. John Barrasso Office Sought: Nouse President Disbursement For: 2012 X Primary General Disbursement Candidate Name WY 82605 Office Sought: Nouse President Disbursement For: 2012 X Primary General Disbursement City Cast, First, Middle Initial) ERICPAC Mailing Address 25 East Main Street, Suite 200 City State Zip Code Name WY Barrasso Office Sought: Nouse President Disbursement For: 2012 X Primary General Disbursement City State Zip Code Name WY Barrasso Office Sought: Nouse President Disbursement For: 2012 X Primary General Disbursement Top: 2011 Name (Last, First, Middle Initial) ERICPAC Office Sought: Name Name State Zip Code Name WYA 23219 Purpose of Disbursement Office Sought: Name State Zip Code Name Name President Disbursement Date of Disbu	NAME OF COMMITTEE (In Full)				ion contributions from Such Committee
Mailing Address P.O. Box 34744 State Zip Code Amount of Each Disbursement this Perivary Category/ Type Transaction ID: 33404520					
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Candidate Name Sam Graves Office Sought:					Amount of Each Disbursement this Perio
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Senate President State: MO District: 06 Full Name (Last, First, Middle Initial) Friends Of John Barrasso Mailing Address PO Box 52008 City State Zip Code Casper WY 82605 Purpose of Disbursement Candidate Name Mr. John Barrasso Office Sought: House President President Naming Address 25 East Main Street, Suite 200 City State Zip Code WY 82605 Purpose of Disbursement Candidate Name Mr. John Barrasso Office Sought: House President Naming Address 25 East Main Street, Suite 200 City State Zip Code (specify) ▼ Transaction ID: 33404520 Date of Disbursement Mn	Sam Graves			0,	
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UnitedHealth Group Incorporated PAC (United for Health)		
Full Name (Last, First, Middle Initial) Carper For Senate			Transaction ID: 33404522 Date of Disbursement
Mailing Address 19 East Commons Blv	d Second Floor		06 06 7 2011
City New Castle	State Zip Code DE 19720		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Name		011	2500.00
Sen. Thomas R. Carper	rsement For: 2012	Category/ Type	
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State: DE District: Full Name (Last, First, Middle Initial)			Transaction ID: 33404523
Whitfield For Congress Committee			Date of Disbursement
Mailing Address P.O. Box 391			06 06 7 2011
City Hopkinsville	State Zip Code KY 42241		Amount of Each Disbursement this Perio
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Candidate Name Rep. Edward Whitfield		Category/ Type	
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State: KY District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: 33484497
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for Health)		
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City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen			Transaction ID: 33484500 Date of Disbursement
Mailing Address P.O. Box 44369 250 Prairie Center I	Orive		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I \end{bmatrix} \ 1 \ 1 \ 1 \end{bmatrix}$
City Eden Prairie	State Zip Code MN 55344		Amount of Each Disbursement this Perio
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Candidate Name Mr. Erik Paulsen		Category/ Type	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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Any Information copied from such Reports and States or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U	·		ion contributions from coord committee
Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc			Transaction ID: 33484502 Date of Disbursement
Mailing Address PO Box 29103			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & I & I \end{bmatrix} $
City Greensboro	State Zip Code NC 27429		Amount of Each Disbursement this Period
Purpose of Disbursement		011	500.00
Candidate Name Kay Hagan		Category/ Type	
X Senate President	ement For: 2014 Primary General Other (specify)		
State: NC District:			
Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc			Transaction ID: 33484503 Date of Disbursement
Mailing Address PO Box 29103			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & 2 & 0 & 1 & 1 \end{bmatrix}$
City Greensboro	State Zip Code NC 27429		Amount of Each Disbursement this Period
Purpose of Disbursement		011	500.00
Candidate Name Kay Hagan		Category/ Type	
Office Sought: House Disburs X Senate President	ement For: 2014 Primary X General Other (specify) ▼		
State: NC District:	_		
Full Name (Last, First, Middle Initial) Tim Scott For Congress			Transaction ID: 33484504 Date of Disbursement
Mailing Address 1405 Ashley River Road			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} D & 2 & 4 \\ 0 & 2 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City Charleston	State Zip Code SC 29407		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Tim Scott		Category/ Type	
Senate >	ement For: 2012 Primary General Other (specify)		
State: SC District: 01			
SUBTOTAL of Disbursements This Page (optional)		>	2000.00
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Full Name (Last, First, Heath Shuler for Commailing Address 3	,						Date		urseme	33484 ent	505 2 0 1	1 Y
City Washington Purpose of Disbursem	ent	State DC	Zip Code 20004	_			Amou	nt of E	ach Di	sburser	ment this	
Candidate Name Heath Shuler for Co		oursement For:	2012 General	Ca	01 ⁻ ateg Typ	ory/						
State: NC Dis Full Name (Last, First, Michigan Republica	President trict: 11 Middle Initial)	Other (spe					Date		urseme	334840 ent		Y
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Candidate Name				Ca	01 ateg Typ	ory/				•	•	
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Full Name (Last, First, Michigan Republica	an Party						Date o	of Disb	ID: 3 urseme		633 Ž 0 Ť	Y
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check only 21b 27	
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (Un	ted for Health)	
Full Name (Last, First, Middle Initial) Michigan Republican Party Mailing Address 520 Seymour Street		Transaction ID: 33484634 Date of Disbursement O 6
	State Zip Code MI 48933	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: House Disburse Senate President	nent For: Primary General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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NAME OF COMMITTEE (In Full)																
UnitedHealth Group Incorporated PAC (Ur	ited for H	ealth)														
Full Name (Last, First, Middle Initial) UnitedHealth Group Inc PAC of PA				ion ID:	: 3289 ement	8112	9									
Mailing Address 9900 Bren Road East	Mailing Address 9900 Bren Road East								0 1 M / D D / Y Y							
City Minnetonka	State MN	Zip Code 55343					Amou	nt o	f Each	Disburs	emen	t this	Perio	od		
Purpose of Disbursement Contributions to State PAC			Г	()11		<u></u>				10	00.00)			
Candidate Name			С		tegory/ ype											
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼					Contri	ibut	tions t	to State	PAC	0				
Full Name (Last, First, Middle Initial)									-	3300	0375	;				
Citizens for Amstutz								Date of Disbursement 0 2 1 8 2 0 1 1								
Mailing Address 4456 Wood Lake Trail	Mailing Address 4456 Wood Lake Trail							02 18 2011								
City Wooster	State OH	Zip Code 44691					Amou	nt o	f Each	Disburs				od		
Purpose of Disbursement Ron Amstutz, STATE HOUSE 3rd OH		011					1000.00									
Candidate Name OH Rep. Ron Amstutz			С		tegory/ ype											
Senate X President	ment For: Primary Other (spe	2012 General					Ron A 3rd O	\ms H	stutz,	STATE	HOl	JSE				
State: OH District: 03																
Full Name (Last, First, Middle Initial) Citizens for Sears							Date		ion ID: isburse				V			
Mailing Address 6711 Monroe Street Build	ding 3 Sui	t					0 3	IVI	<u> </u>	4 /	Ż	0 1	1 Y			
	State OH	Zip Code 53560					Amou	nt o	f Each	Disburs	emen	t this	Perio	od		
Purpose of Disbursement Barbara Sears, STATE HOUSE 46th OH											5	00.00)			
Candidate Name OH Rep. Barbara Sears	OH Rep. Barbara Sears Type															
9 1	ement For: Primary Other (spe	2012 General					Barba 46th (Sears	, STAT	E HC	DUSE	:			
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`	NAME OF COMP UnitedHealth C	Group Incorporated	I PAC (Uni	ted for H	ealth)			
	Full Name (Last, Feam Burke	First, Middle Initial)				Transaction ID: 33069468 Date of Disbursement		
N	Mailing Address	275 W. 4th Stre	eet					03 / 14 / 2011
N	City Marysville			State OH	Zip Code 43040			Amount of Each Disbursement this Per
		rsement TE HOUSE 83rd OH)11	500.00
C	Candidate Name OH Rep. Dave		egory/ ype					
	Office Sought:	X House Senate President	Disburser X	ment For: Primary Other (spe	2012 General ecify) ▼			Dave Burke, STATE HOUSE 83rd OH
	State: OH	District: 83 First, Middle Initial)						Turner at law ID 0000 4000
	Jimmy Stewart for State Senate							Transaction ID: 33234029 Date of Disbursement
M	Mailing Address 1021 Four Mile Creek Road							04
	City Collville			State OH	Zip Code 45723			Amount of Each Disbursement this Per
	Purpose of Disbursement Jimmy Stewart, STATE SENATE 20th OH)11	500.00
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Ċ	Candidate Name OH Sen. Jimm					Cat	egory/ ype	
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S	Candidate Name OH Sen. Jimm Office Sought: State: OH	y Stewart House X Senate President District:		Primary	General	Cat		
S	Candidate Name OH Sen. Jimm Office Sought: State: OH	y Stewart House X Senate President District: First, Middle Initial)		Primary	General	Cat		Transaction ID: 33234040 Date of Disbursement
S F M	Candidate Name OH Sen. Jimm Office Sought: State: OH Full Name (Last, Friends of Fab Mailing Address	y Stewart House X Senate President District: First, Middle Initial)	X	Primary	General	Cat		Transaction ID: 33234040
S F F M	Candidate Name OH Sen. Jimm Office Sought: State: OH Full Name (Last, Friends of Fab Mailing Address City Celina	y Stewart House X Senate President District: First, Middle Initial) er 7706 St. Rt 703	3	Primary	General	Cat		Transaction ID: 33234040 Date of Disbursement M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S F F O O	Candidate Name OH Sen. Jimm Office Sought: State: OH Full Name (Last, Friends of Fab Mailing Address Dity Celina Purpose of Disbu Keith Faber, STA	y Stewart House X Senate President District: First, Middle Initial) er 7706 St. Rt 703	X X	Primary Other (spe	General ecify) ▼ Zip Code	Cat)11	Transaction ID: 33234040 Date of Disbursement O 4
S F F M	Candidate Name OH Sen. Jimm Office Sought: State: OH Full Name (Last, Friends of Fab Mailing Address City Celina Purpose of Disbu Keith Faber, STA Candidate Name OH Sen. Keith	y Stewart House X Senate President District: First, Middle Initial) er 7706 St. Rt 703 rsement TE SENATE 12th OF	3	Primary Other (spe	General ecify) ▼ Zip Code 45822	Cat T	уре	Transaction ID: 33234040 Date of Disbursement M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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								for the purpose of soliciting contributions licit contributions from such committee
\rangle	NAME OF COM UnitedHealth (MITTEE (In Full) Group Incorporated	d PAC (Uni	ited for H	ealth)			
	Full Name (Last, Committee to	First, Middle Initial) Elect Niehaus				Transaction ID: 33234044 Date of Disbursement		
	Mailing Address	1131 Little Indi	an Creek F				04	
	City New Richmon			State OH	Zip Code 45157-9602			Amount of Each Disbursement this Perio
	Purpose of Disbu	DН			01		1000.00	
	Candidate Name OH Sen. Tom	Niehaus	1			Cate Typ	·	
	Office Sought:	House X Senate President	Disburser X	ment For: Primary Other (spe	2012 General ecify) ▼			Tom Niehaus, STATE SENATE 14th OH
	, .	District: First, Middle Initial) Representative Co	mmittee			Transaction ID: 33234045 Date of Disbursement		
	Mailing Address 105 West Liberty St.							$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}4^M\end{smallmatrix} \ / \ \begin{bmatrix}D\\2\end{smallmatrix}8 \ / \ \begin{bmatrix}Y\\2\end{smallmatrix}0111^Y \\ \end{bmatrix}$
	City Medina			State OH	Zip Code 44256			Amount of Each Disbursement this Period
	Purpose of Disbursement William Batchelder, STATE HOUSE 69th OH						11	1000.00
	Candidate Name OH Rep. Willia				Category/ Type			
	Office Sought:	X House Senate President District: 69	Disburser X	ment For: Primary Other (spe	2012 General ecify) ▼			William Batchelder, STATE HOUSE 69th OH
	Full Name (Last,	First, Middle Initial)	nent					Transaction ID: 33287042 Date of Disbursement
	Mailing Address	PO Box 23031					$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & O & P \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix}$	
	City Honolulu			State HI	Zip Code 96823-3031			Amount of Each Disbursement this Period
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	Candidate Name		Category/ Type					
		House	Disburser					
	Office Sought:	Senate President		Primary Other (spe	General ecify)			

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	Full Name (Last, First, Middle Initial) Pete Lund for State Representative											: 3328 ement	7044		
Mail	ling Address	6881 Muirfield [Dr.						0 ^M 5	М	[′]	9 /	y y 2	0 1 1	Y
City She	elby Twp.			State MI	Zip Code 48316				Amou	int o	f Each	Disburs			eriod
Pete		rsement E HOUSE 36th MI					011		L.		•		25	50.00	
MI	ndidate Name Rep. Pete L ce Sought:	und X House	Dishurse	ment For:	2012		Typ:								
	te: MI	Senate President District: 36		Primary Other (spe	X General				Pete th MI	Lun	d, ST	ATE H	OUSE	∃ 36-	
	Full Name (Last, First, Middle Initial) Senate Republican Campaign Committee								Date	of D	sburs	: 3328 ement		· V	V
Mail	ling Address	P.O. Box 12023							o ^M 5	М	[′] □ C	9 /	ž	0 1 1	Y
City Lan	nsing			State MI	Zip Code 48901				Amou	int o	f Each	Disburs			eriod
	pose of Disbu	rsement					011						300	00.00	
							ateg Type	•							
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	Name (Last, I zens for Ke	First, Middle Initial) vin Bacon									sburs	: 3343 ement	9290		
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City Col	lumbus			State OH	Zip Code 43231				Amou	int o	f Each	Disburs			eriod
Kev		rsement ATE SENATE 3rd OH					011			_			100	00.00	
OH	ndidate Name I Rep. Kevin						ateg Typ								
	ce Sought:	House X Senate President	Disburse X	ment For: Primary Other (spe	2012 General				Kevin 3rd O		con, S	STATE	SENA	ATE	
	te: OH	District:	(and an II)							•	*	•	425	50.00	V
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UnitedHealth Group Incorporated PAC (Un	ited for Health)									
/	,		T							
Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee			Transac Date of D			291				
			M M	/ D	D / V	Y) 1 1	Υ		
Mailing Address 4679 Winterset Drive			0 6	1	3	2 ()			
•	State Zip Code OH 43220		Amount of Each Disbursement this Period							
Purpose of Disbursement		011	T L			250	0.00			
Candidate Name		011 Category/								
		Туре								
Office Sought: House Disburse Senate	ment For: Primary General									
President	Other (specify)									
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UnitedHealth Group Inc PAC of PA			Transac Date of D			131				
Mailing Address 0000 Press Dood Foot		06	/ D 1	7 / Y	ž) 1 1	Υ			
Mailing Address 9900 Bren Road East		0 0	-			, , ,				
•	State Zip Code MN 55343	Amount	of Each	Disburse	ment t	this P	eriod			
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Office Sought: House Disburse										
Senate President	Primary General Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial) Jimmy Stewart for State Senate			Transac			812				
Jilliny Stewart for State Seriale			Date of [Y	Υ ".	Υ		
Mailing Address 1021 Four Mile Creek Ro	ad		0.6	[′] 3	0	2 () 1 1			
•	State Zip Code OH 45723		Amount	of Each	Disburse	ment t	this P	eriod		
Purpose of Disbursement Void - Jimmy Stewart for State Senate		044	-500.00							
Candidate Name	011 Category/									
OH Sen. Jimmy Stewart		Type								
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President	Other (specify) ▼		State St	nale						
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\	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporated PAC (Inited for Health)		
	Full Name (Last, First, Middle Initial)			Transaction ID: 33043413
	Judah C. Sommer			Date of Disbursement
	Mailing Address 701 Pennsylvania Ave Suite 530/650	NW		03
	City Washington	State Zip Code DC 20004-2606		Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution from 10/26/2010 (30 Pos	t Election Report)	010	5000.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbut Senate President	sement For: Primary General Other (specify) ▼		Refund of Contribution from 10/26/2010 (30 Post Election Report)
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
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